

SWEET BRIAR COLLEGE



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CHILD WELFARE IN VIRGINIA

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BULLETIN
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CHILD WELFARE IN VIRGINIA

By BELLE BOONE BEARD and
BERTHA PFISTER WAILES

"What the best and wisest parent wants for his own child, that must the community want for all its children."—John Dewey.

SWEET BRIAR, VIRGINIA

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Belle Boone Beard
and
Bertha Pfister Wailes

PREFACE

The purpose of this Bulletin is to present in convenient and concise form some of the approved standards of child welfare and to indicate phases of child care to which greater attention should be given in Virginia. Since the State Department of Public Welfare publishes and distributes free of charge the Public Welfare Laws of Virginia and its Annual Report which lists the social agencies of the State, both public and private, no effort has been made to duplicate that information in full. The policy has been to include only those laws or portions of the laws which seem to need emphasis and to mention agencies as examples of social resources in Virginia. National Child Welfare organizations are listed in the Appendix and hence have not been listed in the text.

The reader will find the Children's Charter followed by some specific standards of care for all children. Subsequent sections deal with problems of defective, dependent and delinquent children and some suggestions for their solution. Special needs and facilities for meeting them are discussed in these sections and in the concluding pages.

The authors make no claim to originality either in the formation of the goals to be achieved or in the statements regarding their attainment. With the kind permission of Miss Katherine Lenroot of the Children's Bureau and of Mr. Arthur James of the State Department of Public Welfare the publications of these agencies have been used as valuable sources of reference.

It is impossible for us to mention by name the many individuals who have aided us in the compilation and distribution of this manual. We use this means of thanking them for their interest and co-operation. We are especially indebted to the following persons for their suggestions and their kind permission to use material compiled by them:

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We also wish to express our gratitude to the Federal Emergency Relief Administration for student aid grants which enabled us to employ students for many routine tasks in connection with the preparation of this publication.

The authors assume the responsibility for the selection and arrangement of material presented, for the relative emphases used, and for their conclusions regarding needed changes. Upon this point there will inevitably be much difference of opinion. It is hoped, however, that all readers will accept this work in the spirit in which it is offered, as a tentative study outline, to be modified and corrected, not as a finished dissertation on the subject.

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STANDARDS OF CHILD WELFARE

Child Welfare is used here to apply to a program of social action which results in the best possible development of all children. The foundations for such a program are stated in the Children's Charter as evolved by the 1930 White House Conference on Child Health and Protection.

THE CHILDREN'S CHARTER

"PRESIDENT HOOVER'S WHITE HOUSE CONFERENCE
ON CHILD HEALTH AND PROTECTION RECOGNIZING THE RIGHTS OF THE CHILD AS THE
FIRST RIGHTS OF CITIZENSHIP PLEDGES
ITSELF TO THESE AIMS FOR THE
CHILDREN OF AMERICA

I. For every child spiritual and moral training to help him to stand firm under the pressure of life.

II. For every child understanding and the guarding of his personality as his most precious right.

III. For every child a home and that love and security which a home provides; and for that child who must receive foster care, the nearest substitute for his own home.

IV. For every child full preparation for his birth, his mother receiving prenatal, natal, and postnatal care; and the establishment of such protective measures as will make child-bearing safer.

V. For every child health protection from birth through adolescence, including: periodical health examinations and, where needed, care of specialists and hospital treatment; regular dental examination and care of the teeth; protective and preventive measures against communicable diseases; the insuring of pure food, pure milk, and pure water.

VI. For every child from birth through adolescence, promotion of health, including health instruction and a health program, wholesome physical and mental recreation, with teachers and leaders adequately trained.

VII. For every child a dwelling place safe, sanitary, and wholesome, with reasonable provisions for privacy, free from conditions

which tend to thwart his development; and a home environment harmonious and enriching.

VIII. For every child a school which is safe from hazards, sanitary, properly equipped, lighted, and ventilated. For younger children nursery schools and kindergartens to supplement home care.

IX. For every child a community which recognizes and plans for his needs, protects him against physical dangers, moral hazards, and disease; provides him with safe and wholesome places for play and recreation; and makes provision for his cultural and social needs.

X. For every child an education which, through the discovery and development of his individual abilities, prepares him for life; and through training and vocational guidance prepares him for a living which will yield him the maximum of satisfaction.

XI. For every child such teaching and training as will prepare him for successful parenthood, homemaking, and the rights of citizenship; and, for parents, supplementary training to fit them to deal wisely with the problems of parenthood.

XII. For every child education for safety and protection against accidents to which modern conditions subject him—those to which he is directly exposed and those which, through loss or maiming of his parents, affect him indirectly.

XIII. For every child who is blind, deaf, crippled, or otherwise physically handicapped, and for the child who is mentally handicapped, such measures as will early discover and diagnose his handicap, provide care and treatment, and so train him that he may become an asset to society rather than a liability. Expenses of these services should be borne publicly where they cannot be privately met.

XIV. For every child who is in conflict with society the right to be dealt with intelligently as society's charge, not society's outcast; with the home, the school, the church, the court and the institution when needed, shaped to return him whenever possible to the normal stream of life.

XV. For every child the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps.

XVI. For every child protection against labor that stunts growth, either physical or mental, that limits education, that deprives children of the right of comradeship, of play, and of joy.

XVII. For every rural child as satisfactory schooling and health services as for the city child, and an extension to rural families of social, recreational, and cultural facilities.

XVIII. To supplement the home and the school in the training of youth, and to return to them those interests of which modern life tends to cheat children, every stimulation and encouragement should be given to the extension and development of the voluntary youth organizations.

XIX. To make everywhere available these minimum protections of the health and welfare of children, there should be a district, county, or community organization for health, education, and welfare, with full-time officials, co-ordinating with a state-wide program which will be responsive to a nation-wide service of general information, statistics, and scientific research. This should include:

- (a) Trained, full-time public health officials, with public health nurses, sanitary inspection, and laboratory workers.
- (b) Available hospital beds.
- (c) Full-time public welfare service for the relief, aid, and guidance of children in special need due to poverty, misfortune, or behavior difficulties, and for the protection of children from abuse, neglect, exploitation, or moral hazard.

For *every* child these rights, regardless of race, or color, or situation, wherever he may live under the protection of the American flag."

Additional suggestions are given in the next few pages concerning some of the points included in the Charter. These suggestions deal with the topics of physical and mental health, education, recreation and child labor.

CHILD HYGIENE

Child hygiene is the protection and promotion of the health of children during the whole range of childhood.

The care of infants falls into three divisions, the care of the unborn infant, his care during and immediately after birth, and post-natal care. Throughout the pre-natal period the mother should have supervision by a competent physician. This supervision should include a complete physical examination, a Wasserman test, and advice as to sleep, rest, clothing, bathing, exercise, mental habits, and diet. A diet for the mother containing mineral salts, calcium, phosphorus, and vitamins, is necessary both for the sake of herself and her child.

Prematurity, congenital syphilis and stillbirths, so-called "diseases of early infancy" can in a large measure be prevented by good pre-natal care.

Skilled obstetrical care should be available to every mother as well as hospital facilities whenever necessary.¹ Too many rural women are dependent still on the services of ignorant midwives. Three hundred seventeen mothers died in Virginia in childbirth during 1933.²

During the same period 3,499 babies under one year died.³ Approximately one-third of infant deaths are caused by diseases of early infancy.

More than one-sixth of infant deaths are caused by diseases of the digestive system, of which diarrhea is perhaps the most common.⁴ Illness and death from this cause may be reduced or prevented by breast feeding, safe-guarding milk and other food supply, sanitation of the home, including fly control and proper sewage disposal.

Respiratory diseases which, roughly speaking, cause another sixth of the infant deaths can be controlled largely through fresh air, proper ventilation, avoidance of undue exposure, the building up of general resistance through good nutrition, sunlight, cod-liver oil, etc.

All other causes, including contagious diseases, comprise the remaining third of infant deaths. Immunization against smallpox and diphtheria is essential during infancy, and is advised as early as six months. Children are now also successfully immunized against scarlet fever. Community measures such as rigid quarantine enforcement, pure water supply, sewage disposal, milk and food sanitation and public health education are important in the control of communicable disease.

In the pre-school period the health of the child depends largely on practicing good habits and avoiding disease. His habits of eating, sleeping, elimination, bathing and exercising should be watched. At least twice a year he should have dental and medical examinations so that defects or early signs of trouble may be corrected. He should be given special protection against smallpox, immunization against diphtheria, and against typhoid fever if necessary. For normal development he must have a well-planned diet, including milk, green vegetables, fruit, cereals, meat and eggs, and also plenty of sleep, play, exercise, and sunshine.⁵

¹Virginia laws require that births be reported by the physician or midwife. If neither is present at the delivery, then the head of the house is responsible for reporting the birth to the local registrar of vital statistics. It is most important that this be done as it is an official and permanent record of age, legitimacy, parentage, race, and sex.

²The maternal mortality rate for one thousand live births was 6.2 (white 4.8, colored 9.4).

³In Virginia the infant mortality rate (deaths per 1,000 live births) declined from 104 in 1913 to 67 in 1932. However, the rate for 1933 was 68.

⁴In Virginia 383 infants died of diarrhea and dysentery in 1933.

⁵*Out of Babyhood into Childhood, 1 to 6 years*, U. S. Department of Labor, Children's Bureau Folder No. 10, 1934.

In Virginia, the Bureau of Child Health in co-operation with the Department of Education makes intensive efforts for the Summer-Round-Up of pre-school children prior to school admission. Clinics of various kinds are arranged and public health nurses emphasize in their work the importance of the pre-school period. Field work by State nurses is undertaken in those counties not having a full-time health worker, and the interest and co-operation of many local organizations have been enlisted to carry out at least the beginnings of an adequate health program.

If wholesome living and regular habits have been well established in pre-school days the child's adjustment to school life should be relatively easy.

Each pupil in the Virginia schools is inspected annually by his teacher. This inspection includes vision, hearing, teeth, throat, weight, and height. Immunization against smallpox and diphtheria is also checked, and a history of diseases taken. Results are recorded. Defects found are reported to parents and corrections advised. Reports are also sent to Division Superintendents. Public health nurses assist the teachers in examining doubtful cases, and in making follow-up visits to parents. The Five-Point program inaugurated in the Virginia schools has stimulated much interest among both parents and children, and has been of inestimable value. A Five-Point certificate is given to each pupil who has attained the minimum standard of physical fitness as to vision, hearing, teeth, (preferably checked by a physician) and is not ten per cent, or more underweight, nor twenty per cent or more overweight.

The home must continue to develop and supervise regular habits in the child, especially with regard to diet, rest, play and fresh air, and should co-operate with the school to promote these ends. Parents are responsible for carrying out treatment suggestions, but the community through adequately trained personnel should supplement any health service that the home is financially incapable of providing.

The period of adolescence is for every child one of stress and strain. Tremendous growth and physical changes take place and there is special need of thorough health protection. This age deserves far more attention than has heretofore been given to it.¹ In addition to wholesome food and much rest there is great need at this age for outdoor activities such as camping, and hikes, and at this period, especially, there should be efforts to integrate the physical, mental and social development of the child.

¹*Child Hygiene*, National Congress of Parents and Teachers, Washington, D. C.

Child hygiene in its broad analysis includes also the establishment of wholesome mental habits and emotional reactions, or what is now generally termed Mental Hygiene.

MENTAL HYGIENE

The rapid increase in the number of persons suffering from mental and nervous diseases should cause each community to give attention to this problem. Mental Hygiene includes not only the diagnosis and treatment of persons suffering from mental and nervous diseases, but also the conservation of sound mental health; and programs for the alleviation and prevention of mental and nervous disorders and defects. Some mental disorders are caused by injuries, others by diseases, as for example, epidemic encephalitis ("sleeping sickness"). The majority of cases of mental ill health, however, are due to undesirable mental habits and to the failure of the child to make satisfactory emotional adjustments.

Two important discoveries of recent years have indicated the necessity for diagnosis and treatment of mental deviations in the first few years of life: "Because situational factors that distort personality development exercise their greatest effects during the first six or seven years of life, the mental hygiene of the future must concentrate on the childhood period. . . . Because half of all the psychoses occurring among persons under 20 years of age have proved amenable to non-organic [mental hygiene] treatment, early detection and prompt treatment of tendencies which may issue in such disorders may reduce markedly the general incidence of serious mental ill-health."¹

No clear line of demarcation can be drawn between sound mental health and mental ill health. The one shades imperceptibly into the other. There are, however, certain symptoms of underlying difficulties which if not corrected may lead to serious behavior problems, and consequent social maladjustment. If discovered early they respond to mental hygiene treatment. The Co-operating Committees on Behavior Problems listed some characteristics, habits and personality traits that should be dealt with as soon as possible.

1. "Underlying difficulties indicated by symptoms ordinarily regarded as undesirable habits: such as, thumbsucking, nail-biting, enuresis, masturbation, mannerisms, peculiar food fads, disturbance in sleep.

2. "Underlying difficulties indicated chiefly by characteristics and personality traits: such as, sensitiveness, seclusiveness, secretiveness, inattention, apathy, day-dreaming, fanciful lying, "nervousness," tendency to cry easily, moodiness, obstinacy, quarrelsomeness, selfishness, wanderlust, laziness, lack of ambition, unpopularity or inability to get along with other children, general restlessness, and hyperactivity.

¹*White House Conference, 1930, The Century Co. 1931, p. 305.*

3. "Underlying difficulties indicated chiefly by such behavior as: disobedience, teasing, bullying, temper tantrums, bragging or showing off, defiance of, or rebellion against, authority, keeping late hours, seeking bad companions, lying, stealing, truancy, destructiveness, cruelty to persons or animals, unusual sex activities.."¹

The principles of Mental Hygiene should be widely disseminated and consciously practised by parents, teachers and all community leaders. The correction of defects and disturbances, however, demands skilled treatment by a psychiatrist or psychiatric social worker. Every citizen should have access to the services of these specialists.

The resources for mental hygiene in this State are meager.²

"In Virginia the State Mental Hygiene Clinic is rendering invaluable service in examining in Richmond child wards of the State and as many others, children and adults, as the time of the staff permits. The Children's Memorial Clinic, also in Richmond, is a very great help to the schools, the social agencies, the juvenile court and others. The Child Guidance Clinic at the University of Virginia is serving most usefully in another section of the State. The Nervous and Mental Clinic of the Medical College Dispensary in Richmond and the Mental Clinic of the City Health Department in Lynchburg are other valued agencies in related fields. There is some neuro-psychiatric or psychological service in certain other centres, also. The psychiatric staffs of State hospitals give from time to time diagnostic and consultation service in relation to extra-mural cases. All this is admirable, but a small amount of service compared with the total need in the State. There are few persons carrying on the work and a considerable proportion of these can only give a very limited amount of time to it.

There is no traveling mental hygiene clinic service to cover the State.³ The stationary clinics are inadequately staffed to meet the needs even of the communities in which they are located."⁴

Well rounded programs of education and recreation are of inestimable value in conserving sound mental health.

RECREATION

The opportunity to engage in wholesome recreation is one of the fundamental needs of all persons, but especially of children. Every Virginia community has within itself resources for enjoyable and stimulating recreation that may be utilized for the advantage of its citizens. It is a mistaken notion that recreation will take care of itself. The proper use of leisure time requires planning, direction and supervision by parents, teachers, and community leaders.

¹National Education Association and National Conference of Social Work, Co-operating Committees on Behavior Problems of Children. Report as adopted in Joint Session at Cleveland, Ohio, May 27, 1926, p. 4.

²Care for the juvenile insane is provided in the four State hospitals for the insane: Central State Hospital (for colored insane and feeble-minded), Petersburg, Va., H. C. Henry, M. D., Superintendent.

Eastern State Hospital, Williamsburg, Va., G. W. Brown, M. D., Superintendent. Southwestern State Hospital, Marion, Va., G. A. Wright, M. D., Superintendent. Western State Hospital, Staunton, Va., J. S. De Jarnette, M. D., Superintendent.

³The bureau's mobile clinics at Roanoke, Danville, and Norfolk had to be discontinued temporarily because of lack of funds.

⁴*Virginia State Hospitals for Mental Patients*, p. 98.

It should be the responsibility of every citizen to see that facilities for as many as possible of the following leisure time activities are available to all children:

Playgrounds equipped with sand boxes, horizontal bars, swings, poles, slides, and other apparatus.

Athletic fields for baseball, hockey, football, soccer and track; courts for basketball and tennis; golf courses, both real and miniature.

Skating rinks, bowling alleys, and space and equipment for ping-pong, ring toss, and horseshoe throwing; checkers, chess, and card games.

Beaches protected by life guards on rivers, lakes, and ocean, swimming pools, and wading ponds.

Public libraries and reading rooms.

Zoological gardens and conservatories.

Museums, art galleries and exhibitions provided by schools, churches, and clubs.

Art and craft work shops for the making of pottery and sculpture, basketry and weaving, metal work, painting and decoration, block and linoleum printing, and wood work.

Parks, trails, and camp sites for scenic drives, over-night camping, hiking and nature study.

Clubs for boys and girls: 4-H Clubs, Boy Scouts, Girl Scouts, Campfire Girls, Girl Reserves, and clubs organized under the auspices of churches, schools, and other civic and social agencies.¹

Music—Bands and orchestras, choruses and glee clubs, community "sings," including the use of folk ballads and spirituals; and radio concerts.

Drama—"Amateur theatricals," movies, pageants, skits, and folk plays.

The possession of pets as cats, dogs, rabbits, white mice, gold fish and birds; and the collecting of stamps, flowers and leaves, books, photographs, etc., also offer opportunity for self-improvement and self-expression.

"Square dances," spelling bees, masquerade parties, picnics, and special holiday celebrations as the singing of Christmas carols take the place of the vanished log-rollings, quilting bees, corn huskings and box suppers as community activities bringing young and old together in jollification.

¹The chief agency in the State doing recreational work is the 4-H Club organization under the joint direction of the Extension Division of V. P. I. and the United States Department of Agriculture. In 1934 there were 27,819 boys and girls enrolled in 4-H Clubs in Virginia.

The values of these activities are well-known: physical development and the correction of physical defects through systematic exercise, the establishment of good health habits, opportunity for self-criticism, self-improvement, and self-expression through group activity; and especially the stimulation and expression of good sportsmanship, the spirit of co-operation, courage, loyalty and other qualities fundamental to good citizenship.

Unless the desire for wholesome enjoyment and definite recreation patterns are established in childhood the adult seldom develops them and may find himself a slave to commercialized recreation. Motion pictures, pool rooms, billiard parlors, dance halls and road houses are often operated with a view to box-office receipts rather than to provide opportunity for the establishment of constructive recreation. For this reason attention must be given to their licensing and supervision.

The agencies in Virginia for accomplishing these aims should be known and used more widely.¹ Their facilities should be increased and more trained workers employed. Yet it cannot be too strongly emphasized that the development of constructive and satisfying leisure time activities must be the task of the home.

EDUCATION

An educational program should be based upon the following principles:

First, education or learning is a continuous life process. The old idea that learning begins at 6 years and ends when one stops school must be supplanted by the realization that the child "learns" from the time it is born and may continue learning as long as the individual lives. Of special value for child welfare in Virginia are (1) efforts being made to eradicate illiteracy and to train adults through F. E. R. A. projects; and (2) increased attention by clubs and social agencies to parental education and child training.

Secondly, education must be adapted to the needs of the individual. Recognition of the wide range of individual differences leads to special provision for the training of the gifted child at one extreme and the

¹Some persons and agencies who may be consulted regarding specific types of leisure time activities are:

Mr. B. L. Hummel, Country Life Ass'n., Extension Div., V. P. I., Blacksburg, Va.

Dr. Arthur Kyle Davis, University, Va. (ballads and folk songs).

Dr. Nathaniel Dett, Hampton Institute, Hampton, Va. (Negro spirituals and folk songs).

The Virginia Art Alliance, 1110 Capital Street, Richmond, Va.

Valentine Museum, Clay Street, Richmond, Va. (Exhibits.)

Virginia State Highway Commission, Richmond, Va. (maps with historic shrines, parks and monuments indicated).

Mr. A. H. Lichty, State Y. M. C. A. Director, Richmond, Va.

backward or defective at the other. (See p. 28.) It also demands flexibility in the regular curriculum.

Thirdly, education is a preparation for social life and must include as comprehensive knowledge as possible of social forces and institutions; and of the technique of making social adjustments. (The New Curriculum being tried by the State Department of Public Instruction deserves commendation on its incorporation of this principle.) Education for marriage and family life as well as training for citizenship should begin early in a child's life.

Other more specific factors should be stressed:

(1.) Enforcement of compulsory attendance laws, preferably by trained officers.¹

(2.) Night schools or continuation schools for optional study after working hours.

(3.) Trade or pre-vocational schools for students best adapted for this type training.

(4.) Vocational guidance programs, especially in the high school to insure a wise choice of curricula; and to steer the boys and girls into appropriate jobs upon leaving school.

(5.) Mental hygiene or child guidance clinic service for the diagnosis and treatment of behavior and personality problems as described elsewhere. (See p. 10-11.)

(6.) Provision for physical examination, continuous health record, follow-up work by a School Nurse and other health measures as described in the section dealing with Health. (See p. 9.)

¹*Compulsory School Attendance Law.* (As amended by School Code of 1928.) 683 Sup. 1928. "Every parent, guardian, or other person in the Commonwealth, having control or charge of any child, or children, who have reached the seventh birthday and have not passed the fifteenth birthday, shall send such child, or children, to a public school, or to a private, denominational or parochial school, or have such child or children taught by a tutor or teacher of qualification prescribed by the state board of education and approved by the division superintendent in a home, and such child, or children, shall regularly attend such school during the period of each year the public schools are in session and for the same number of days and hours per day as in the public schools. The period of compulsory attendance shall commence as the opening of the first term of the school which the pupil attends and shall continue until the close of such school for the school year. The provisions of this section shall not apply to children physically or mentally incapacitated for school work, nor to those children suffering from contagious or infectious diseases during the existence of such disease; nor shall it apply to children between the ages aforesaid who have completed the elementary course of study prescribed by the state board of education, or the elementary course of study of such grade, provided by the school he attends, and who is actually, regularly and lawfully employed; nor to children who live more than two miles by the nearest traveled road from a public school, unless public transportation is provided within one mile of the place where such children live. Physical incapacity or disease shall be established by the certificate of a reputable practicing physician, made in accordance with the rules and regulations adopted by the state board of education, and mental incapacity is to be determined by such mental test or tests as may be prescribed by the state board of education." Sec. 683, Code of Virginia.

- (7.) Adequate playground and recreation facilities. (See p. 12.)
- (8.) Visiting teacher service.

While the school census shows 726,663 children, only 585,657 were enrolled in schools in 1933-34, with an average attendance of 89%. The high school enrollment is not so encouraging. The percentage in 1933 ranged from 50 to 52 for boys and from 48 to 56 for girls.

The Division of Vocational Education especially through its Home Economics and Agricultural classes has been responsible for keeping in school a large number of boys and girls. The "Future Farmers of America," numbering 4,784, are making a valuable contribution to rural life.

CHILD LABOR

"The employment of young persons is a social problem whenever and wherever it deprives them of the opportunity for normal development."¹

Children from 14 to 18, except as limited by state laws or NRA codes are employed on farms, on streets, in factories and workshops at a variety of occupations.² Besides being exposed to danger of accident the growing child is often seriously affected by the strain of noisy shop, long hours and pressure of high speed of work. Street trades, selling and delivering newspapers, peddling and shoe-shining also expose him to unwholesome influences in cheap restaurants and downtown business sections.

Agriculture, though the greatest source of child labor, is usually exempt from legal restriction. While agricultural tasks may not harm the child when working on the home farm under the eyes of his parents, the child hired out and the juvenile migratory farm laborer who "follows the crop" have no such protection, and conditions of employment are frequently more harmful than in manufacturing plants.

Domestic service also presents serious problems of excessively long hours of work. Likewise no age restriction is made. Whenever child labor interferes with school attendance and opportunities for wholesome outdoor recreation it presents a definite hazard to normal child development.

The minimum working age now generally established by the various state laws is 14, though many permit exemptions. In recent

¹ *Child Labor, Facts and Figures*, U. S. Dept. of Labor, Children's Bureau Publ. No. 197, p. 1.

² The Blanket Code and later individual code agreements provide for a minimum age of 16 years for employment. The Blanket Code permitted exceptions for persons between 14 and 16 years (not in manufacturing or mechanical industries) not to exceed three hours per day and those between 7 a. m. and 7 p. m. in work that would not interfere with hours of school work.

years there has been a definite tendency to raise the age to 16 and even 18 years.

The child labor laws of Virginia prohibit the labor of children under 14 years in any gainful occupation other than work on farms, orchards or in gardens.

No child under 16 shall work more than 6 days, nor more than 44 hours per week, nor more than 8 hours per day, nor between 6 p. m. and 7 a. m. except on farms, orchards, or in gardens. Proof of age, certificate of physical fitness, and statement of prospective employer concerning nature of employment are required before issuance of the certificate.

Exemptions from provisions of the act are granted to children between the ages of 12 and 16 working in fruit or vegetable canneries for not more than 8 hours per day when public schools are not actually in session.

Dangerous occupations such as mining and quarrying are prohibited to children under 16, and no boy under 16 and no girl under 18 shall work in any cigar store, hotel, theatre, restaurant, etc.

There is prohibition of messenger service and of street trades for boys under 14 years and girls under 18, exemptions in street trades being for boys between 12 and 16 years, between the hours of 6 a. m. and 7 p. m. while public school is not in session. A badge must be secured. However, no boy under 18 nor any girl under 21 shall work as telegraph messenger between 10 p. m. and 5 a. m.

Persons who violate this act are guilty of a misdemeanor. Its enforcement is in the hands of the Commissioner of Labor and any inspectors he may appoint.¹

The State Department of Labor and Industry reports that enforcement is good, especially with reference to inside occupations.² The law regarding street trades—especially the selling of newspapers—is more difficult to enforce.³

In its annual report of 1933-34 the Department recommended that the present law be amended to prohibit the employment of children under 16 and to regulate employment of children up to 18 years. This would seem desirable in the absence of ratification of the Federal Child Labor Amendment.⁴

Virginia has no regulations regarding agricultural child workers except indirectly through the compulsory school attendance law. For the text of this law see p. 14.

The White House Conference Committee on Child Labor believing that "child labor is largely a question of poverty, recommends:

¹Summarized from Sec. 1808 a-s, Code of Virginia.

²By courtesy of Miss Carrie B. Farmer, Director of Women and Children's Division, State Department of Labor and Industry.

A survey of 16 industrial plants in the State in 1931 revealed 700 minors employed between the ages of 16 and 18.

For the year 1933 only 134 certificates to minors were issued for inside occupations and in 1934 only 19. However, 453 badges for street trades were issued during the year.

³Publishers are not considered employers of newsboys, and therefore not responsible for violations since the boys buy the papers at the various newspaper offices and are then considered their own employees.

⁴In 1924 a constitutional amendment giving Congress power to "limit, regulate, and prohibit the labor of persons under 18 years of age," was passed by both Houses but it has not been ratified by the necessary number of states. The Virginia State Senate voted against ratification on February 27th, 1934.

"Directing attention toward the solution of such problems as adult unemployment, farm economics, and of adult incomes sufficient to ensure a decent standard of living for children.

"Extension of systems of state aid to widows and dependent children in the form of mother's aid, administered and carrying aid sufficient in amount to enable these children to remain in school up to the age of at least 16 years.

"The development of scholarship funds to enable children and young persons to remain in school who would otherwise be obliged to go to work. Continuing improvement in schools and curricula to the end that all types of children, up to at least the age of sixteen, should be provided with training that shall mean real development for them."¹

PHYSICALLY HANDICAPPED CHILDREN

The five major groups of the physically handicapped usually recognized as in need of special care and training are: the crippled, the deaf and the hard-of-hearing, the blind and the partially seeing, the child with defective speech, and the children of lowered vitality who are suffering from malnutrition, tuberculosis, or cardiac difficulties. Each group presents its own particular needs, though the following requirements should be met for all: (a) early discovery and diagnosis, (b) curative and remedial treatment, (c) social contacts, (d) a differentiation of education with vocation as an important aim, (e) a service of educational and vocational guidance, pre-vocational and vocational training, and (f) placement and follow-up in employment.

THE CRIPPLED CHILD

Many of the causes of orthopedic defects, as infantile paralysis, tuberculosis of bone and joint, congenital deformities, rachitic conditions, and injuries, are preventable. Early treatment by a specialist is most important for their improvement or cure.²

¹Davies, Anne S., Vocational Guidance and Child Labor, *White House Conference*, The Century Company, New York, 1930, p. 212.

²McLeod, Beatrice, *Teachers' Problems with Exceptional Children*, V. *Crippled Children*, U. S. Dept. of the Interior, Office of Education, Pamphlet No. 55.

Crippled children of normal mentality are usually able to advance along with pupils of the regular grade, and, unless otherwise recommended by the physician, should attend school regularly. Most large school systems provide physical rehabilitation service and classes for crippled children. Many also furnish transportation. Certain types of industrial work aid in physical rehabilitation, but must be adapted to the physical need of the individual pupil. Recreation and participation in social activities should be encouraged as a means of developing health and confidence. The child should not be permitted to develop a "cripple psychology" which is the result of segregation and shielding. Hence undue dependence on others should be discouraged.

There were 1,418 crippled school children in Virginia during the year 1933-34.¹ According to a school census taken in 1930 the number in that year was 2,300. This, however, included also children not in school.

Virginia makes provision for orthopedic treatment of children at the University of Virginia Hospital and at the Medical College of Virginia. Hospitalization for white children under 14 is furnished at the Crippled Children's Hospital, Richmond, and for colored children at St. Phillip's, Richmond. The Society for Crippled Children of Southwest Virginia, with headquarters in Roanoke, provides treatment and hospitalization for crippled children of that section. In addition to these, there is some scattered effort in the way of crippled children's clinics and hospitalization, and correctional appliances furnished by private orders.

The Bureau of Rehabilitation, State Department of Education, works with potentially employable individuals. While there is no definite age limit prescribed, this program has been restricted to individuals above fourteen years of age. The Crippled Children's Hospital has a school with two teachers for its patients. Through the co-operation of the local school board and the Bureau of Rehabilitation, one teacher is furnished in Roanoke for instruction of crippled children.²

DEAF AND HARD OF HEARING CHILDREN

The common symptoms of defective hearing are "inattention, slow thinking, poor general school progress, imperfect speech, earache, discharging ear, peculiar postures, and mouth breathing. . . . Due to hearing difficulty the child may become sensitive, aloof, suspicious and

¹Bagby, Dr. B. B., Director, Bureau Child Health, Virginia Department of Health.

²Painter, W. L., Director, Children's Bureau, State Dept. of Public Welfare.

resentful in his attitudes."¹ There is frequent connection between hearing defects and school retardation.

Early detection, if followed by proper treatment and care, will often prevent total loss of hearing. Ear clinics to check incipient deafness should be available, and expert attention of a specialist should be secured in making the final diagnosis. Deafness may be caused by preventable diseases such as scarlet fever, measles, meningitis, diphtheria, whooping cough, and even common colds. Enlarged tonsils and adenoids also contribute a large share in causing defective hearing.

Many children who are deaf do not talk because they have never heard speech. They must learn to use their voices, to shape words and sentences. Regardless of the degree of deafness, lip reading must be taught along with oral speech.

Educating the deaf is a difficult problem; therefore it must be begun early. The child has to learn speech and speech reading in addition to the regular academic subjects pursued by other children. Public and private residential schools as well as public day classes are provided for the education of the deaf.

While the hard of hearing child has had some experience with speech and language, he still needs instruction in lip reading and speech correction. Whatever hearing he has should be stimulated. This can best be done in the day school for all children rather than in a residential school for the deaf.

In Virginia, the main provisions for the training of deaf and hard-of-hearing children are in the two resident schools, Virginia School for the Deaf and Blind, Staunton, and Virginia State School for the Colored Deaf and Blind, Newport News.

According to the 1930 school census there were 432 deaf children in Virginia exclusive of the hard-of-hearing. Only 249 (196 white and 53 colored) were enrolled in the State residential schools.² For the session 1933-34 there were 9,805 school children with defective hearing.³ Three city school systems reported 3 teachers for a total of 27 such children.⁴

¹McLeod, Beatrice, *Teachers' Problems with Exceptional Children*. IV. *Deaf and Hard-of-Hearing Children*. U. S. Dept. of the Interior, Office of Education. Pamphlet No. 54, p. 9.

²*The Education of Exceptional Children*, U. S. Department of the Interior, Bureau of Education, Being Chapter VI of the Biennial Survey of Education in the United States: 1930-32. Bulletin 1933, No. 2, 1933, p. 79.

³Bagby, Dr. B. B., Director, Bureau of Child Health, Virginia Department of Health.

⁴State Department of Education, Special Report, June, 1934.

CHILDREN WITH SPEECH DISORDERS

Speech disorders are of many kinds and varied degrees. The causes may be found in structural defect of nose, mouth, or throat. Deafness, or near deafness, is frequently associated with speech disorders.

Treatment must be individualized according to the needs of each child. In general, however, the child should receive his speech training by a special teacher, but he should be in a class with normal children for his academic subjects. It is essential that these pupils be trained to accustom themselves to other people without a breakdown in speech. This is the peculiar function of the speech class for stammerers. In recent years nervous lisping and stammering have been found to arise in the disordered emotional life of the child. Speech disorders, in the absence of organic defect, often respond to mental hygiene treatment.

THE BLIND AND PARTIALLY SEEING CHILDREN

Blindness from an educational point of view is not only total absence of vision, but vision of one-tenth or less after correction is made, or treatment given. These so-called blind children must be educated in a school or a class for the blind in which the tactile method is used. They are taught Braille and their education is carried on through this medium. The older children should have opportunities for industrial and vocational training. This is of necessity restricted to a comparatively small number of occupations. However, in these the blind must be well trained, as self support for them is a difficult problem.

Children with vision greater than one-tenth, yet with serious defects must also have special educational provisions. "The aims of all sight saving classes are, to educate children having impaired vision with the least possible eyestrain, to assist them to make the same progress as the child with normal vision, but without further injury to their eyes, to relieve the regular grade teachers of the labor of giving the extra help and instruction required by the visually handicapped child, and to train each partially sighted child to conserve his own vision."¹ All variations of strabismus (cross-eyes) or squint need attention as serious visual defects. Immediate correction should be urged.

A large proportion of blindness is preventable. Estimates vary from 50% to 75%. Causes of blindness usually listed include tra-

¹*The Dept. of Special Education*, Board of Education, Detroit, 1925, p. 20.

choma, cataract, accidents, ophthalmia neonatorum, etc. There has been a large reduction of blindness from ophthalmia neonatorum since the use of a one per cent solution of silver nitrate in the eyes of the newly born has become more general. In Virginia this protection is compulsory, and the enforcement of the law rests upon the Bureau of Vital Statistics which sends the prophylactic to the physicians and midwives of the State. "Midwives, in particular, are carefully instructed as to the method of using the ampules, and especially as to the importance of doing it within five or ten minutes after birth. . . . This has been of great value in preventing blindness of the newly born in the State, at a trivial cost, when the results are considered."¹

Virginia had 266 blind children in 1930,² including the 81 white and 27 colored in the two residential schools.³

A total of 46,790 children with defective vision were reported during the school session 1933-34.⁴ For this period three cities in the State provided 5 special class teachers for 60 of these children.⁵

CHILDREN OF LOWERED VITALITY

Children of lowered vitality include those who, because of weakened conditions, are not able to keep pace, physically, with normal children in their daily school life. They are chiefly children with serious heart lesions, with the childhood form of tuberculosis, with anaemia and with other forms of malnutrition.

Early discovery of these children is essential, as well as a program of treatment including regulated diet, rest, good health habits and supervised play. More rest and less activity are prescribed generally for tuberculous children, and for all types of malnourished and cardiopathic cases than for normal children.⁶

CARDIOPATHIC CASES⁷

Cases of heart trouble among children are very serious, but are often neglected or overlooked. "The most important sign of heart

¹*Health Bulletin*, State Department of Health, April, 1934, p. 6.

²School Census of 1930.

³The State maintains two residential schools for the blind and deaf, Virginia School for the Deaf and Blind, Staunton, and Virginia State School for the Colored Deaf and Blind, Newport News. Enrollment statistics taken from *The Education of Exceptional Children*, Biennial Survey of Education in the United States, 1930-32, Bulletin 1933, No. 2, Table 16A, p. 77.

⁴Bagby, Dr. B. B.

⁵Anderson, R. N., Supervisor, State Board of Education.

⁶McLeod, Beatrice, *Teachers' Problems with Exceptional Children*, VI. *Children of Lowered Vitality*, U. S. Dept. of the Interior, Office of Education, p. 7-9.

⁷The sources of material on this subject are *Children of Lowered Vitality and Give Your Heart a Chance*, a pamphlet prepared by the Metropolitan Life Insurance Co., N. Y., with the co-operation and aid of the American Heart Association, Inc.

weakness is shortness of breath resulting from exertion such as walking up a flight of stairs. Irregularity of pulse, undue fatigue, fainting and dizziness, cold extremities, and blue lips are among other symptoms.”¹

The selection of cardiac cases is, of course, a medical problem. In many cases heart trouble is curable if discovered in its early stages. The amount of exercise a child with a bad heart can take with benefit depends on the individual, but he should not over-exert himself. The child with a defective or weak heart should follow a carefully planned regimen. His school work, his play, the amount of rest he takes, the quantity and kind of food he eats should all receive special attention. Frequent medical examinations are essential.

Heart disease is frequently preventable. In order to keep the heart healthy a doctor should be consulted whenever a child complains of even mild leg ache or pains in the joints. He should be carefully examined and watched after he has had one of the children's diseases, or any serious illness, especially rheumatic fever, diphtheria, scarlet fever or measles. Care at this time may prevent serious trouble later. Early use of anti-toxin in treating a case of diphtheria will help save the heart from injury, but better still, diphtheria itself can be prevented by the timely use of toxin-antitoxin. Infected teeth or tonsils should be given attention. Over-fatigue must be avoided and measures pertaining to the general health of all children, if followed, will do much to reduce heart disease.

CHILDREN WITH TUBERCULOSIS²

Tuberculosis is communicable, but not hereditary.

Cure of tuberculosis depends upon early diagnosis. To that end the “tuberculin skin test” and X-ray are now employed.

The test does not indicate active tuberculosis, it demonstrates only whether or not the body has been invaded by the tubercle bacilli. Infection is almost as frequent in robust, healthy looking children as it is in their pale, anaemic, underweight brothers and sisters. After the fact of infection is disclosed, an X-ray of the chest is necessary to give a picture of the changes that have taken place.

¹*Children of Lowered Vitality*, p. 12.

²The sources of material on tuberculosis are *Tuberculosis*, Virginia Health Bulletin, Vol. XXII, No. 11, Richmond, November, 1930, and *Tuberculosis and the Teen Age*, National Tuberculosis Association, New York.

The germs may lie dormant for years waiting for a favorable opportunity to attack and destroy the body. This need not occur if the danger is appreciated and certain common-sense ways of living are observed. However, it is during the period from 12 to 20 years, when growth and change are so rapid, that the vitality is often lowered and immunity weakened.

"Pulmonary tuberculosis is rare in early childhood and is always a very grave condition. Only children with pulmonary tuberculosis, or with an open and draining wound from bone tuberculosis are any danger to others. In the form of the disease which is understood by 'childhood tuberculosis' the germs lie hidden in glands, and literally cannot be thrown out in the secretions to harm the child's associates."¹ Such a child is not a menace to others, he is a danger only to himself. Persons who live intimately with tuberculosis patients, should be under observation. Tuberculosis as a probable cause of sickness in the ailing child should never be considered as entirely eliminated without X-ray plates.

"It is possible that in the childhood form of tuberculosis, the child's body can entirely control the infection and that recovery will be complete. . . . Extra rest, abundance of milk and other health giving foods, fresh air, and properly regulated sun treatment, under medical supervision, will do much to ensure future health. A doctor's advice should be secured about the continuation of school, but no athletics should be allowed, and two or three hours of rest during the day in addition to 10 hours of night rest should be insisted upon."² Open air classes for pre-tubercular children are a valuable aid to treatment.

A total of 801 cases of pulmonary tuberculosis of persons under 19 years were reported for Virginia in 1933. Of these 444 were whites and 357 colored. It is a shocking fact that for 41 deaths of whites 176 of colored were recorded.³

The State maintains three Tuberculosis Sanatoria.⁴ A limited number of free beds are available in the sanatoria for whites. The General Assembly provides, also, a biennial appropriation to aid local

¹*Tuberculosis*, p. 5.

²*Tuberculosis*, p. 4.

³Plecker, Dr. W. E., Registrar, Bureau Vital Statistics.

⁴Catawba Sanatorium, Catawba Sanatorium, Virginia, (350 beds); Blue Ridge Sanatorium, Sanatorium, Virginia, (270 beds); Piedmont Sanatorium (colored), Burkeville, Virginia, (140 beds). In order to be eligible for treatment at the State sanatoria, patients must be legal residents of Virginia. Suitable patients are admitted upon recommendation of private physicians in order of their application at a charge of \$1.00 per day. At Piedmont Sanatorium the rate is fifty cents per day. Preference is given to cases in homes in which there are young children.

sanatoria in the care of local cases and to enable these sanatoria to accept a limited number of cases from the State at large.¹

Tuberculosis Out-Patient Clinics are available to counties free on request to the Department of Health and are operated under the auspices of the County Board of Health, and in co-operation with physicians of the county. Their diagnostic service includes physical examination, X-ray examinations (for which a small fee is charged), tuberculin testing and consultation service by a specialist of the State Health Department. One-third of the time of all the whole-time county nurses, both in the health officer units and elsewhere, is devoted to tuberculosis work.

The Virginia Tuberculosis Association with headquarters in Richmond has taken an important part in reducing the disease in Virginia through its general educational campaigns, and the services of its field workers in arousing interest in local tuberculosis work.

MALNOURISHED CHILDREN

The schools of Virginia reported 90,326 children during 1933-1934 who were 10% or more underweight.²

Among the specific causes of malnutrition, improper or unsuitable diet is the most common. Food is the first requirement of a growing child. To be well nourished, a child should have every day:

At least one pint of milk, a quart if possible.

A serving of fruit once or twice a day, including at least one raw fruit.

One or more fresh vegetables, including a green leafy one such as spinach, turnip greens or beet greens at least three or four times a week—preferably daily.

An egg.

A serving of fresh meat or fish daily by the time the child is 18 months old; before that three or four times a week.

A "starchy vegetable," such as potato, rice, hominy or macaroni, once a day.

Whole cereal once or twice a day.

Bread and butter two or three times a day.

Two teaspoonfuls of cod-liver oil daily for children less than two.

Three or four glasses of water daily, preferably between meals.³

The nutritive value of the leafy part of a vegetable is superior to that of its seed or tuber; and the glandular organs of animals such as liver and kidney are superior to the muscle cuts. Milk and leafy vegetables are called protective foods.

¹The local sanatoria receiving State subsidy during the current biennium, are: Pine Camp, Richmond; Charles R. Grandy, Norfolk; Hilltop, Danville.

²Bagby, Dr. B. B.

³*Out of Babyhood into Childhood*, U. S. Dept. of Labor, Children's Bureau, Folder No. 10, 1934, p. 4.

A poorly nourished child is usually thin, his flesh is flabby, his muscles underdeveloped. Decayed teeth, flat and narrow chest and protruding abdomen may also characterize him. He is likely to lack mental vigor and may be nervous, restless and finicky about his food.¹

Malnutrition may be caused by ignorance, poverty, disease or physical defects. Over-fatigue due to child labor, lack of fresh air and sunlight, insufficient rest and sleep accompanied by faulty health habits and poor personal hygiene are contributing factors.

A thorough physical examination by a physician is the only sure way to decide whether a child is malnourished or not. Since such an examination is not yet available to all children, the height-weight ratio is used as a rough index of nutrition, but it is only approximate and should be used with care. All children should be weighed once a month; and any continued failure to gain weight should be considered abnormal and in need of attention.

Malnutrition increases a child's susceptibility to disease. A large proportion of mortality among children is due directly or indirectly to faulty nutrition. Malnutrition may be a result of tuberculosis, and in turn, a malnourished body is the best soil for tuberculosis. Faulty diet may also produce rickets, pellagra, and other deficiency diseases. Rickets, which accounts for a considerable number of physical deformities, is due in part to a diet deficient in vitamin D. Cod-liver oil contains this vitamin and is used both as remedy and as preventive. Direct exposure to sunlight is likewise important in treatment. Treatment and prevention of pellagra depend upon plenty of milk, eggs, fresh meat and fresh green vegetables in the diet. Tomatoes and whole wheat products are especially valuable. Dried powdered yeast is also very helpful.²

Though dental defects are not included among the major physical defects, their prevalence and their effect on general bodily health give them outstanding importance in childhood. In Virginia 239,097 school children had defective teeth during the session 1933-1934.³ The prevention of dental defect is largely a matter of proper nutrition. The foundations for good teeth are laid before the baby is born, and after birth while the mother is nursing him.

More adequate grants of assistance to dependent families and provision in their budgets for protective foods would eliminate many of the problems of malnutrition.

¹Roberts, Lydia J., *What is Malnutrition*, U. S. Dept. of Labor, Children's Bureau, Publ. No. 59 (Revised), 1927.

²*Pellagra*, Metropolitan Life Insurance Company, New York.

³Dental clinics are conducted in rural sections through a co-operative plan between the State Department of Health and the local community.

The handicapped child needs sympathetic understanding of his problems, but must be spared the kind of pity that fosters in him attitudes of chronic dependence on others. He should be given opportunities for achievements within limits of possible attainment so that he can develop feelings of self-reliance and independence. His likenesses to others must be stressed, his differences from them minimized. He must be taught that it is his responsibility to make the greatest use of his abilities, and he must be helped to reach that goal.

MENTALLY HANDICAPPED CHILDREN

THE FEEBLE-MINDED

Feeble-mindedness is a condition of arrested mental development characterized by a low intelligence level. This is shown by inability to plan, absence of judgment, lack of adaptation to environment with resulting social and economic incompetence. Mentally deficient persons, regardless of actual physical age may have a level of intelligence ranging from that of an infant to the mentality expected of a normal child of eleven or twelve. This latter is usually accepted as the upper limit of feeble-mindedness. It is important to realize that mental defect is a condition, not a disease, and is characterized by absence of brain capacity.

Arrest of mental development is due to heredity, accidents at birth, subsequent accident or disease. In the latter case there is a history of normal development until the occurrence of a definite injury or disease. Any marked retardation in development, provided there is no history of serious illness, should give parents and workers concern. Mental defect may be associated with physical abnormalities such as unusually large or small head, Cretinism, and Mongolianism; but the majority of feeble-minded show no physical deformities.

The classification of feeble-minded commonly accepted according to ratings on the basis of mental tests is as follows:¹

1. Idiots, those with a mental age under three years. They cannot attend to their own wants and are frequently untidy. Beyond the burden of maintenance, however, they present few social problems.

¹A mental test commonly used is the Stanford Revision of the Binet-Simon by Terman, Stanford University, 1916. Blanks for this test as described in Terman's *Measurement of Intelligence*, and printed material for the test may be secured from Houghton Mifflin Co., New York.

2. Imbeciles, those with a mental age from three to seven years inclusive. They are able to attend to their wants, to dress themselves, and to comprehend what is said to them, but show only elementary intelligence.

3. Morons, those with a mental age from eight to twelve. They are capable of some education and possess a degree of mentality only slightly lower than the adolescent child, but are not able to progress beyond that. It is extremely difficult if not impossible to draw a sharp dividing line between feeble-mindedness and normality. As Davies points out, "the high-grade feeble-minded on the one hand, and the dull-normal on the other hand, do not represent wholly different groups of human beings but rather a continuous series differing in degree but not in kind, and shading almost indistinguishably into one another."¹

The use of the intelligence quotient (I.Q.) in the classification of mental types now has wide acceptance. It is the ratio of mental age to chronological age, and the assumption has been that it remains fairly constant as the child grows older.² In other words, children of superior intelligence do not deteriorate as they grow older, nor do dull children develop average mentality. However, recent studies seem to indicate that environment raises I. Q.'s in some instances ten or twenty points, and it must be emphasized again that the I. Q. should be used with extreme caution as a rough classification measure only, and not as the only criterion in the diagnosis of feeble-mindedness.³ The real test is social competence, ability to manage self and one's affairs with ordinary prudence.

Suggested fields of inquiry for the diagnosis of feeble-mindedness are physical examination, family history, personal and developmental history, school progress, examination in school work, practical knowledge and general information, social history and reactions, economic efficiency, recreation, and mental examination.⁴

TREATMENT

In general, treatment for the mentally deficient consists in habit-formation, and in utilizing to the fullest their inherited mental ca-

¹Davies, Stanley P., *Social Control of the Mentally Deficient*, p. 7.

²An I. Q. is found by dividing mental age in months by physical age also reduced to months and multiplying the result by 100. An individual with a mental age of 7 years 6 months, and a chronological age of 10 years, for instance, would have an I. Q. of 75 ($90/120 = .75 \times 100 = 75$). In calculating the I. Q. of an adult, no matter how old, a chronological age of 16 years is assumed.

³Of the feeble-minded, those with an I. Q. between 50 and 70 include most morons, those between 25 and 50 are ordinarily to be classed as imbeciles, and those below 25 as idiots.

⁴Davies, Stanley P., *Social Control of the Mentally Deficient*, p. 7.

pacities. Though it is impossible to "cure" arrested mental development, the best use can be made of whatever capacities exist. To that end early diagnosis is essential. Habit training begun in childhood, emphasis in school on manual arts rather than the 3 R's, sympathetic interest, understanding and supervision in the community go far toward directing these lives into useful channels.

For the idiot, treatment is limited primarily to adequate physical care. This can often be given at home, since he presents no special menace to the community. However, institutional care is advised if his presence seriously interferes with the opportunities of other children in the home.

Higher grades of mental defect may not be discovered until the child appears backward at school. Thorough examination of these children is essential, and, of course, the elimination of any factors, such as physical defects, or bad family or neighborhood situations that contribute to the appearance of retardation. Examination should include not only mental tests, but a comprehensive study of personality and behavior. This service should be available to every child by means of a permanent or mobile mental clinic.

The mentally deficient child, like the normal child, is entitled to an education up to the limit of his ability. Special schools or special classes should be available to all sub-normal children. Here individualized instruction can be given, regular school work is offered as far as practicable, but special emphasis is laid on hand work of all kinds and the formation of character developing habits. Classes of this sort are usually ungraded, and it is sometimes possible to return pupils to a regular grade after a period of special training. In terms of promoting individual happiness, the special class takes away the feeling of inferiority which comes from comparison with brighter pupils and gives to its members opportunity of achievement among mental equals.

The visiting teacher should supplement the work of the special class in terms of guidance of the child, interpretation of his needs to parents and neighborhood, and utilization of family and community resources to help in his adjustment.

For pupils who cannot profit by special class instruction or whose home influences are undesirable, training schools for feeble-minded should be available. Many states maintain these schools where care is given leading to proper conduct and to self support. In Virginia training schools are lacking.

For low grade cases, for children who show tendencies toward anti-social behavior, and for those whose home environment is bad there

remains custodial care and segregation, usually in state supported institutions.

Here training should not cease but every effort should be made to develop in even low grade children "whatever capacity they may have for self-care, for activity and happiness."¹ The higher grade ones should have intensive manual and industrial instruction, and such training as may ultimately fit them for community life. Of this training, habit formation is an essential part.

Every institution for the feeble-minded should use parole under competent supervision for those who return to communities. Many institutions place their charges in carefully selected boarding homes. Sometimes these are provided free. Often, however, the older child may hold a simple job after intensive preliminary institutional training. Whatever the situation, parole implies careful investigation of the environment to which a child is to be returned, frequent visits and continued over-sight. If successful, parole may be followed by discharge; if not, the patient is returned to the institution. More general application of sterilization might render the use of parole safer for the older child.

The so-called colony for feeble-minded has become an important adjunct of the institution. It is a group living and working together under supervision outside the parent institution, but remaining under its jurisdiction. For boys the farm colony is perhaps the most common. Here boys live and work under average farm conditions. Colonies for girls under the supervision of one or more matrons have been successfully established in several towns. In the domestic service colony the girls work for wages in carefully selected households during the day, and usually return to the colony home at night. Industrial colonies whose members work in mills are also numerous. If either boys or girls cannot adjust themselves to colony life they are returned to the parent institution for further training or permanent custody.

Among the advantages of the colony plan might be listed the financial contribution which members make toward their own whole or partial support, and the release of space in the parent institution. Above all, the colony offers its members an opportunity for a more normal life, and consequent greater happiness. For many, successful colony life is a stepping stone for return into the community, and might well be a pre-requisite for parole. Unfortunately, Virginia does not have colonies for the feeble-minded. The State institution is one only in name.

¹Davies, Stanley P., *Social Control of the Mentally Deficient*, p. 188.

Sterilization as an aspect of treatment for the mentally deficient merits attention. Its application would enable persons of child-bearing age to be released to communities without danger of reproduction of their kind. Of course, sterilization is not a panacea, nor will it eliminate the feeble-minded. It needs to be emphasized, however, that the subnormal person if given guidance can often make a satisfactory adjustment to life, but will fail if compelled to care also for children.

Community supervision is essential in any constructive program for the feeble-minded, and trained persons should be provided for the task, to operate either from an institution, or in connection with a mental clinic or bureau. Such field workers could maintain general oversight of children discharged from institutions, give valuable consulting service to local welfare workers and volunteers in the early diagnosis of suspected cases, arrange mental clinics, stimulate interest in the problems of the mentally deficient, and suggest and help carry out community measures for their protection.

Where such service is not available, the task falls upon the local welfare worker or citizen. It should be remembered that the feeble-minded person, however old in body, is mentally a child with the discretion and judgment of a child. He cannot adjust himself to a complex situation, and cannot compete with normal fellows. He is easily led, whether into socially useful or anti-social channels depends to some extent on factors of environment. A number will always need permanent custodial care. For others a program including early diagnosis in an easily accessible mental clinic, opportunity for training, in school or institution, adequate supervision in a favorable environment which must be provided, and sterilization if necessary, would materially reduce the many social problems connected with mental defect.

CARE OF THE MENTALLY DEFICIENT IN VIRGINIA

Virginia has no accurate statistics as to its feeble-minded. At a conservative estimate of 4 per 1,000 population the State has approximately 3,400 mentally deficient children under 18 years who are in need of special care and training.

What happens to these children might well be asked. A total of 200 only are receiving care as feeble-minded in two State institutions, 179 at State Colony¹ and less than 20 colored children at Central State Hospital.²

¹State Colony for Epileptics and Feeble-Minded at Colony receives legally committed white persons, either feeble-minded or epileptic, ten years of age or over. Feeble-minded and epileptic colored persons may be committed to the Central State

The State Department of Public Welfare gives care to approximately 480 feeble-minded children in either industrial schools or foster homes,¹ and 19 are receiving boarding-home care pending admission to State Colony.²

The Gundry Home, a private institution, reports a population of 75. Regular school and industrial training is given there for those who are capable of learning, and a department is maintained for low grade cases needing care.³

It is evident that we need greatly increased facilities for the care and training of feeble-minded children. Concerning needs at the State Colony, and other recommendations as to the care of mentally deficient persons in Virginia, Dr. Arnold, Superintendent of that institution, says:

"For the past six or seven years we have endeavored to admit as many high grade feeble-minded patients as possible for sterilization. During their residence at the institution, we have done what we could to give them some education. Our appropriations have been so very limited, that the schooling they received amounted to little more than teaching them their figures and letters, if they did not know them in the first place.

"In short, save for sterilization, the patients were not one whit better off, economically speaking, than they were when they entered the Colony.

Hospital at Petersburg, "but there are very limited facilities, appropriations, and provision for their care." *Good Morning, Judge*, p. 13.

As to commitment, "Any citizen can initiate proceedings to adjudicate a person insane or feeble-minded by making the required allegations before any justice. The necessary forms or papers can be obtained from clerks of the court. The commission is convened by the justice and is composed of the justice and two physicians. The commission for feeble-minded persons can be composed of one physician and an approved mental examiner. (See section 1079, Virginia State Code.)" *Good Morning, Judge*, p. 14.

Provision is also made for voluntary commitment to State Hospitals or Colony. In such case the patient is required to pay for transportation to the institution and if mentally defective to pay for care and treatment there. (Virginia State Hospitals for Mental Patients, p. 14.)

²Courtesy of Mr. W. L. Painter, Director, Children's Bureau.

¹In a report of June 30, 1934, the Children's Bureau of the Department of Public Welfare, claimed that almost 50% of the children committed to the Department were diagnosed as feeble-minded. If this ratio holds with regard to its 968 present wards, we may assume that about 480 feeble-minded children are given care by the Department.

²See page 35.

³Two private institutions for pay patients are the Gundry Home and Training School at Falls Church which cares for feeble-minded children, and the Schermerhorn Home and Training School for backward children at French Bay.

"We feel that if we had funds sufficient to construct a modern, adequately equipped vocational training school, properly staffed, we could make useful citizens out of many of these poor, handicapped individuals that are committed to our care. Given sterilization and good vocational training, these patients could be returned to their communities with at least a reasonable chance of being able to support themselves for the rest of their lives. The girls, for instance, could be taught housekeeping: cooking, washing, cleaning, sewing, etc. The boys could be taught some form of mechanical work or farm work—incidentally, it is worthy of note that quite a few of the high grade feeble-minded boys have a distinctly noticeable mechanical trend which is well worth developing.

"If we could get these high grade, feeble-minded children before they are six years of age, and keep them during the formative periods of their lives, we feel that we could render them valuable service.

"We should like also to make a plea for some form of supervision of our patients after they have been discharged from the Colony. In the past, and at present, these patients are sterilized and discharged, more or less on their own, so to speak, and because the State has never had sufficient funds to develop an efficient follow-up system, we lose track of them, and they, in turn, have no one to whom they can turn freely for advice and aid. If these handicapped people had someone who could look them up occasionally or someone to whom they had to report periodically, we believe that a good many of them, instead of becoming charges upon the State, would probably be fairly useful citizens. We feel that these social workers should be located over the State and should find suitable homes for these patients and place them therein.

"In the past we have boasted proudly of our low per capita cost, approximately \$145 per annum, but when one considers the fact that almost all of the institutions of this character in the North have a per capita of \$300 or more, one can readily see why we have been unable to do all that we would wish to do for our patients. Instead of pointing with pride to our low per capita cost, we should hide our heads in shame. It costs a great deal of money to prepare adequately a defective person to support himself, but there are few ways of spending money that pay greater dividends to the State.

"If the patient is trained as we should like to see him trained, we feel that his stay in an institution at public expense would be a matter of a few years only, whereas, if he is not trained, in the majority of cases the State will have to bear the burden of his care at the State's

expense for the entire life of the patient in an institution for mental cases, a gaol, or an almshouse."¹

Among the most urgent needs is the provision of facilities for the care and training of feeble-minded colored children. These, especially boys, receive no State care as such. This lamentable situation is best described in the words of the State Department of Public Welfare and needs no further comment:

"Some Unfortunate Results of Present Conditions.—One of the acute problems resulting from present inadequacy of provision for patients is that of colored feeble-minded boys and men. There is no suitable institution to receive them in the State. The limited space, which is only one building, for care of feeble-minded at the Central State Hospital is reserved for women and girls. A very few feeble-minded Negro males are accepted by the hospital in cases of especial urgency but have to go into the buildings with the insane. The male colored mental defectives find their way in large numbers into care of institutions and agencies not intended for them. The Virginia Manual Labor School for Colored Boys, meant for delinquents, is filled with mental defectives. In many cases it would appear that their acts of delinquency have been the result merely of feeble-mindedness plus lack of care and training. The industrial school gives them vocational training which is of value, but it is not equipped to give the long-term care and the parole supervision afterward that many of them need. It is not a specialized institution for the care of the feeble-minded, although it is having to serve as such.

"Feeble-minded colored boys who need care in a suitable institution but who are at large because of the lack of such an institution are giving endless trouble."²

"Moreover, another defect in Virginia's system of care, which has been pointed out again and again, and which interferes with treatment and training is in lack of classification. The very few colored male mental defectives who are received have to go in with the insane."³

Facilities for aid in the diagnosis of mental defect are provided to a limited extent by the State Mental Hygiene Clinic. (See p. 11.) In Virginia "for school children there is routine mental testing, which is helpful, but there is little specialized clinical psychological or psychiatric service available, and little special class provision. There are some supervising teachers, but not yet as many as one to a county. There are no visiting teachers as such."⁴

¹*25th Annual Report of the Board of Directors and Superintendent of the State Colony for Epileptics and Feeble-Minded.* 1934, p. 9-10.

²State Hospitals for Mental Patients, p. 36.

³*Ibid.*, p. 79.

⁴*Ibid.*, p. 126.

"As to vocational guidance and vocational training, there is some provision in the State, but unfortunately for the handicapped children, the training is not available for the mentally defective boys and girls. It is given in the grades which are higher than the ones they can reach."¹

In 1931-1932 four cities reported 21 teachers for 472 mentally deficient children.² Last year 740 mentally retarded children were given instruction by 36½ teachers in 7 cities.³ This increase is most encouraging.

Virginia's sterilization law passed in 1924 upheld by the Supreme Court of the State and of the United States is considered a model statute.⁴

In Virginia, parole work is yet to be organized. "The hospitals have no field staffs of their own, and while the law requires local superintendents of public welfare to aid with parole work for hospital patients, many of the counties do not have welfare superintendents and where superintendents are employed, they are overburdened with other duties."⁵

"Regarding community supervision of the feeble-minded as such in the whole State of Virginia, nothing exists comparable to the type of work described in New York and Massachusetts, for example. There is no agency set up to do it. The social agencies in Virginia, public and private, struggle with the problems of feeble-minded persons as these come to notice because of poverty, neglect, or delinquency, but they are all understaffed for their duties and not equipped to take on this additional task of general supervision of the feeble-minded.

"The law relating to the Virginia State Department of Public Welfare includes the provisions that the department shall:

(a) Keep a register of the feeble-minded persons in the State, with a history of each case, the names of the parents or guardians and of the individuals or institutions in whose custody such persons may be.

(b) Take such legal steps as may be necessary to protect feeble-minded persons.

¹Ibid., p. 103.

²Ch. VI., Biennial Survey of Education in the United States: 1930-1932. Bulletin 1933, No. 2, p. 29.

³Courtesy of R. N. Anderson, Supervisor, State Board of Education.

⁴It applies to inmates of the three State Hospitals for the Insane and the State Colony for Epileptic and Feeble-minded, and authorizes the "operation of sterilization on any such patient confined in such institution afflicted with hereditary forms of insanity that are recurrent, idiocy, imbecility, feeble-mindedness, or epilepsy." Virginia State Code, Section 1095-hm.

"So far as the courts and welfare workers are concerned there is no special proceeding to be followed in such cases. Persons who have a hereditary and social history of inadequacy and degeneracy are committed to the regular State institutions in the regular manner. Where the judges have information regarding patients which would be valuable to the superintendents in determining whether or not the persons should be sterilized they might write the superintendents and so advise them. After patients are in the hospitals the superintendents may initiate the special sterilization proceedings." *Good Morning, Judge*, p. 14.

⁵*Virginia State Hospitals for Mental Patients*, p. 92.

(c) Institute proceedings for commitment and to secure registration of feeble-minded persons.

(d) License and inspect private institutions for the care and training of the feeble-minded.

(e) Deport non-residents of the State found within it and liable to become charges, when in the judgment of the court deportation is necessary.

(f) Give notice and instructions confidentially to parents and guardians of such mentally defective children as are not dependent upon the care of the State and are not a menace to themselves, to others and to the community.

(g) Receive feeble-minded children turned over to it by the courts, having control of such children, and making agreements and contracts as to the custody, maintenance and training of the children.

(h) Place feeble-minded children committed to it by any court in the home of the parents or guardians or other persons when it is not expedient for the children to be placed in an institution for the feeble-minded. Visit from time to time all feeble-minded children placed in homes.

"The law also gives the Children's Bureau of the State Department of Public Welfare general supervision of the welfare of mentally defective children and authorizes the State Department of Public Welfare to establish receiving homes for care, supervision and study of such children, or make other arrangements for temporary care and to make physical and mental examinations of them, investigate their personal and family histories, and make placements of the children in family homes and institutions.

"The system exists on paper, but there has not been appropriation or staff for the work."¹

These community measures are especially important in dealing with borderline cases. As Davies points out, "While a somewhat larger percentage of the mentally deficient than of normal persons may drift into delinquency, this does not mean that there is any causal connection between mental deficiency per se and delinquency per se, but rather that mental defectives, coming frequently from poor environments, and being deprived of opportunities for wholesome contacts, are more likely to come under influences that will lead them into delinquent ways."² This is eminently true of borderline cases, and it is this type particularly that needs help and understanding.

In Virginia a very small appropriation is made to the Children's Bureau to permit the boarding of a limited number of children who are adjudicated feeble-minded, and who are awaiting admission to the Colony. Since commitment to the Colony is confined to persons ten years or over, the use of this fund is very much restricted.

However, "the program of care . . . begun in a small way . . . was continued and expanded to the limit of the appropriation. Supervision of those children was furnished, as a rule, by the agencies applying to have the children put on the fund, but where no agency was involved, by the Children's Bureau. To date, limited personnel in the Bureau has not permitted the assumption of supervision for all the children.

"The year opened with 13 children being boarded from this fund. During the year 12 others were accepted for care and 6 were discharged so that the year closed with 19 receiving care and supervision in private homes. Eight children attended school and all passed their grades. Prior to acceptance for care on this fund, most had been without reasonably adequate educational opportunities and in the poorest sort of en-

¹*Virginia State Hospitals for Mental Patients*, p. 107-108.

²Davies, Stanley P., *Social Control of the Mentally Deficient*, p. 171.

vironment generally. . . . All of these children had their physical defects cared for as far as possible, and many had free treatment by capable psychiatrists. This, together with three good meals a day, quiet home environment and understanding foster parents, produced most gratifying results in the majority of cases under care."¹

This plan seems a step in the right direction, and should point the way towards an enlarged future program along this line.

Though it is true that feeble-mindedness is linked with many social problems, that the retarded clog the school, interfering with normal progress of others, that they swell the ranks of those in conflict with the law, and contribute to the number of incompetent individuals with which our local communities are burdened, the larger proportion of those who are mentally deficient are often quiet and well behaved. They can be converted into useful citizens, provided they are given training that will develop desirable habits, personality and behavior. With special education along manual or industrial lines they are often capable of economic independence. Intellectual inferiority alone, unless of very low grade, need not prevent an individual from leading a socially useful life. It should be the definite responsibility of both the State and local community to salvage this human material in our midst. It can be done with ultimate benefit to both individual and State.

THE EPILEPTIC

The epileptic also presents many serious problems and his treatment merits special consideration here. Epilepsy is a nervous disorder characterized by seizures or convulsions which vary in violence from so-called grand-mal (convulsions accompanied by loss of consciousness) to petit-mal seizures, (slight, perhaps almost imperceptible seizures sometimes with momentary loss of consciousness). In tracing the history of grand-mal attacks, the prior existence of petit-mal is frequently revealed. Unless more severe seizures develop, petit-mal may not be diagnosed. Epileptic attacks vary in intensity and frequency in different individuals, and tend to come without warning.

Many epileptics are of normal mentality and above. Some, on the other hand, may show varying degrees of mental defect. Others may be so violent at times that custodial care is necessary, usually in an institution for the insane. It is noticeable that frequent seizures often lead to mental deterioration.

The epileptic is usually excluded from school attendance. His opportunities for vocational training and performance are also limited.

¹*Report of the Children's Bureau, State Department of Public Welfare, for the Year Ending June 30, 1934, p. 3.*

Even if such opportunities are available for the older child, his condition makes work dangerous to himself and others. He is driven by his infirmity from job to job and often gives up the struggle in despair. Even those of normal mentality drift into institutions.

It is unquestionable that they should be given special treatment, and opportunities, as far as possible, for a normal life. If institutional care is deemed best, it is essential that the right kind of institutions be provided where they may be properly classified, where those of normal mentality are not forced to associate with the insane or feeble-minded. Many states provide such separate institutions.

Colony care for epileptics, away from the parent institution has been very successful, and might be a solution in those states where separate institutions do not exist. At these colonies patients have special treatment, education, opportunities for suitable work, association with congenial fellows, recreation, and above all, an approximation of the life from which their infirmity excludes them.

The usual estimate of epileptics in the general population is 3 per 1,000. According to this ratio, Virginia had an estimated number of 3,350 under 20 years of age in 1930.

The State Colony for Epileptics and Feeble-minded (for whites) reports 91 epileptics between 10 and 18 years.¹ A few colored may be found in almshouses and some undoubtedly in the Central State Hospital, which made no report as to number of epileptic children among its total feeble-minded population. However, it is apparent that we are woefully lacking in sufficient institutional facilities for them.²

Treatment for many epileptics is difficult outside of institutions. Too often their infirmity condemns them to almshouse or jail. The situation in Virginia seems in need of immediate remedy, and since the colony type of care has been the best solution of the problem elsewhere, it is recommended for our dependent epileptics of both races.

THE DEPENDENT CHILD

In general, dependent children are those whose families are unable or unwilling to provide for them. Included in this group are not only those who are abandoned, deserted and willfully neglected by their parents, but also children who are deprived of normal care by the death, accident, illness or mental disorder, unemployment or in-

¹Courtesy of Dr. Arnold, Superintendent, State Colony for Epileptics and Feeble-minded.

²For commitment procedure, see footnote 1, p. 30-31.

adequate income of their parents. The child born out of wedlock because of the special problems he presents must often be included in this group.

To meet these varied needs treatment consists of efforts to preserve or reconstruct the home, and where this is impossible, care for the child in a foster home or institution.

No child should be removed from its home without grave reasons. The parents of the child are its natural protectors and guardians. As long as there is a possibility of the parents assuming this responsibility, they should not be relieved of it. The home is the most satisfactory place for the rearing of children. Any other arrangement is at best a substitute, and should be resorted to only in abnormal conditions.

Welfare organizations recognize the preservation of the home as one of their first duties. Through adequate family case work many problems causing dependency may be solved. Mother's Aid also has proved a valuable means of helping to maintain homes deprived of the father's support.

MOTHERS' AID

Mothers' aid, public aid to mothers of dependent children for care in their own homes, is based on two generally accepted principles. First, that children should not be removed from their homes because of poverty alone, and secondly, that it is the responsibility of the State to protect children. This can best be done in wholesome home environments under the supervision of their own mothers.

Mothers' aid should not be looked upon wholly as a relief measure. It aims at maintaining the integrity of family life, providing adequate physical and social environment for the development of character and personality, and the preparation of boys and girls for later efficient citizenship.¹

Mothers' aid in Virginia is available for a woman with one or more children under sixteen years of age, whose husband is dead; in a hospital for the insane, or colony for the feeble-minded and epileptic (unless he be an inebriate or drug addict confined for less than one year); in prison for a term of two years or more; physically incapacitated with an incurable physical disability; and, under certain conditions, deserted or divorced.² The law further requires that the

¹The State Department of Public Welfare recently issued a most useful bulletin entitled "Mothers' Aid Requirements," which gives in detail the regulations regarding the application and administration of this type of social service. All persons who are faced with the necessity of planning for long time care for a mother with dependent children will find this publication very useful.

²Sec. 1935, Code of Virginia

mother does not have adequate support otherwise, and that she is capable of giving proper home care and supervision.¹

In view of the increasing emphasis being placed on the preservation of the family, and in view of the desire to effect economies where possible, it is amazing that this type of care is not more widely used in Virginia.

The White House Conference took the stand "that any state which fails to provide the framework of legislation authorizing mothers' aid will be looked upon by her sister states as backward, and any community which fails to make adequate provision to carry out such legislation will be regarded by her sister communities as backward."²

Virginia provides an excellent "framework of legislation" but public opinion in the State has not demanded its execution.

"The appropriations were necessarily small, since the State wanted to know with what response its appropriations would be received in the counties and cities. State funds only permit placing a few families in each county and city on state aid at present but this does not mean that the work is unimportant. You will serve the program vitally by seeing that your county or city avails itself of this offer of State aid. Without local endorsement we cannot expect the General Assembly to increase our appropriation so that we can expand this much needed work. A demand must be shown for these funds."³

According to Child Welfare League of America records of 1932, almost as many children in the United States were being helped through mothers' aid as were in foster homes and institutions combined. In Virginia in 1933 about 4,000 children received the latter type of care while less than 200 received mothers' aid.

"The State appropriation of \$47,500.00 for the biennium provides for a maximum of less than 150 cases. The maximum number has been assumed by the State. These are distributed throughout the State on a population basis for educational and demonstrational purposes. With 123 independent political subdivisions, this is slightly more than one case to each county and city; on a population basis it isn't adequate to give even one case to the smaller counties and independent towns."⁴

Under the provisions of the act any county or city may make an

¹Sec. 1935, Code of Virginia.

²*White House Conference*, 1930, The Century Co., N. Y., 1931, p. 323.

³*Mothers' Aid Requirements*, 1934, Va. Dept. Public Welfare, p. 53.

⁴*Public Welfare*, October, 1934, Va. Dept. of Public Welfare, p. 3.

allowance. However, reimbursement by the State cannot exceed its total appropriation for this purpose.¹

FOSTER HOME CARE

If for various reasons the child cannot receive in its own home the oversight, protection, care, and affection which is its due, then a foster home is the next best solution.

Some conditions which justify the removal of the child from its home are: abandonment and desertion; death of one or both parents; improper guardianship, immorality of parents and neglect; mental, psychological, emotional, and personality factors in the child which require special treatment; mental and nervous disorders of parents; domestic discord, quarreling or lack of harmony on the part of the parents that would render impossible the wholesome development of the child.

Before the agency can formulate a plan for the care of a child, it must secure certain preliminary data including the physical and mental status of the child, his personality characteristics and habits, possibilities of rehabilitation of the home, and the amount of reimbursement to be expected from the parents and relatives.

The agency must also have secured information regarding the prospective foster parents and their environment; their reason for wanting a foster child; the economic status of the family; the social standing of the family in the community; religious affiliations; and home and community facilities for education, recreation, and vocational placement.

No agency should feel satisfied that it knows the suitability of the home for placements until at least one home visit has been made and personal interviews held with both the foster mother and foster father. In addition to the questions asked of the prospective foster parents most agencies require that an application blank be filed giving detailed information and making definite contracts regarding responsibility and care of the child. References given by the prospective parents and other outstanding citizens such as public officers, clergymen, teachers and doctors should be consulted. Relatives are never accepted as references.

¹"The proposed mothers' aid cases are submitted to the director of the State mothers' aid bureau. After careful investigation, if it is determined they are proper cases for state participation, they are approved by the director. The grants to the mothers are made by the local subdivision out of their funds. After approval, the subdivisions receive quarterly a reimbursement of one-half of the amount of the grant out of State funds." *Supplement, Public Welfare Laws*, 1934, p. 3.

QUALIFICATIONS OF FOSTER PARENTS AND HOMES

Foster parents should desire a child for the child's sake. This excludes those persons who expect of the child a solution of their servant problem, who are unhappy in their marital relations and desire someone to serve as an outlet of their emotions, who desire someone for them to dominate, and those who think that some child should "be grateful to them for giving him a good home." They should be persons with an assured income. "If we can secure homes and foster parents among the wealthy it is well to do so, but it does not necessarily follow that children so placed have better prospects than those placed with families who have been accustomed to making personal sacrifices to maintain their position in life. In fact, the latter type may contribute more to the child's welfare by giving him greater personal attention than could be expected from those who delegate such care to a servant. . . . They should not be advanced in years, otherwise the child may lack the continuous care necessary to enable him to reach manhood under their supervision. They should show a wholesome attitude of appreciation of the needs of the young in matters of companionship, recreation, and reasonable freedom from restraint, to guard against making the home a virtual prison for the child."¹ They should enjoy the respect and confidence of their community as law-abiding and respected citizens.

The suitability of the foster home in the last analysis depends upon the specific needs of the child. A home affording an ideal environment for one child might be quite unsuitable for another. Usually homes in crowded business and factory districts are not considered desirable, yet "the boarding home located in an unattractive district and perhaps lacking in educational and recreational opportunities may be the one to give superior care to delicate infants, especially if it is presided over by a woman who not only loves babies but has had experience and training in their care."²

In placing younger children emphasis should be placed on sanitary conditions, adequate supply of milk and other items of diet, facilities for outdoor sleeping and especially upon the foster mother's experience in caring for infants.

Suburban homes with open spaces around them and easily accessible to good community facilities as described above are usually thought to be most desirable. The Children's Bureau found that

¹*Foster Home Care for Dependent Children*, p. 37.

²*Ibid.*, p. 108.

"isolated farm homes were used less frequently than formerly, since however desirable the family itself, such homes were not likely to afford either the educational or recreational facilities needed by growing boys and girls."¹ Yet children who are undernourished or suffering from other physical disabilities requiring quiet, good food, and fresh air, might preferably be sent to the isolated farm house. Health should in this case be placed above education.

Not only physical and mental development of the child must be taken into consideration but educational needs and vocational aptitudes must be considered, especially for the adolescent boy or girl.

"A child who is not very bright should be placed in a simple home with good people who do not make many demands on life and will not expect too much of him. It means a great deal to a child of this sort to be with people who think his remarks bright and who will encourage his limited mentality instead of discouraging him by over-expectation."²

For children presenting behavior problems it is especially important that the foster parents are of upright moral character and good judgment. If bad habits have already been learned, especially sex habits, the child should be placed only with foster parents skilled in treating these problems or with persons with unusual patience and understanding.

Unless one of them needs special care because of feeding or dietary problems, behavior problems or mental disability, brothers and sisters should not be separated.

A desirable foster home has a church affiliation which offers church privileges to the children. It is wise so far as possible to place children in foster homes of the same religion as their own. This rule applies to Catholics, Jews and Protestants more rigidly than to denominations within one of these groups. In all cases it should be remembered that an example of right living is of more importance in character formation than the creed theoretically subscribed to.

Children of working age need as careful placing as younger ones. They should go into families that will give them some measure of affection and interest and do not look upon them merely as a means of solving their own servant problem.

"Success in dealing with dependent children depends upon the attitude of many beside the child himself and his caretakers. What good to try to impress upon the child that dependency is not in itself a stigma, if the attitude of the community implants in him a sense of social inferiority?

¹*The Work of Child-Placing Agencies*, p. 43.

²*Foster Home Care for Dependent Children*, p. 62.

"No child should be considered dependent except in the sense that all children are dependent. Is not the rich man's child also dependent? If the idea that all children are on an equal footing so far as dependency is concerned could be made general it would go a long way toward eradicating that feeling of inferiority which is the curse of the charity-bred child. Taking children out of institutions and caring for them in family homes will only partially solve the problem.

"Aside from what can be done in changing the community point of view, the agency caring for children must get away from the old idea of alms and personal philanthropy. Never mind whether the child is grateful. The child is entitled to all that can be done for him. It is his birthright, and the child-caring agency merely acts *in loco parentis*. But teach the child that he is expected to make the most of his abilities and expect him to take as large a share of social responsibility as he can when he grows older."¹

VISITING

The child's case is by no means closed when he is placed in a foster home. It is very important to know what happens to him there; "whether the home fits him, whether he fits the home, and whether he is a welcome member of it."² It is to be remembered that a child "does not exist in vacuum," but is the center of a complex of relationships, each of which has an influence upon his welfare.

The worker should keep herself informed concerning changes which inevitably occur. If conditions become worse she should safeguard the interests of the child. If there are improvements she should utilize them for the benefit of her charge.

The first visit of the agent should be within a month of placement. The number of subsequent visits depends on the need of each individual child and must be as frequent as is necessary for his welfare. However, they should probably not be less than twice a year and quarterly, if possible. Of course the number of visits may be reduced if the child seems to make a satisfactory adjustment, or if the foster home is well known to the agency. In general, very young children need more frequent visitation than older ones.

The relation that should obtain between the visitor, the foster mother and the child merits special consideration. Some foster mothers consider frequent visits an indication of lack of confidence on the part of the placing agency. This attitude must be dispelled. They should be led to think of themselves as important co-workers

¹*Foster Home Care for Dependent Children*, p. 51.

²*Ibid.*, p. 41.

of the visitor, each contributing her share to the development of the child. "Any spirit of espionage on the part of the visitor should be frowned upon. She is expected to establish a spirit of comradery, with co-operation as the keynote."¹ If trips are necessary to the doctor or dentist, for shopping or recreation, the foster mother should be the one to arrange them.

Specifically the visitor should notice these items: foster parents' affection for and interest in the child, methods of discipline, attention and care in illness (a physical examination is advised every six months), scholastic and religious training, and their willingness to give some recompense for services to older children. If complaints are received regarding the conduct of the child, they should be thoroughly investigated and the cause adjusted by the agent if possible. If the child is unhappy or discontented, the cause must be discovered and remedied. If that is impossible, the child should be transferred to another home. "It has been found by experience that the most critical period in the lives of foster children lies between the ages of 16 and 20 in the case of boys, and between the ages of 14 and 20 in the case of girls. It is during this period that the child begins definitely to manifest that spirit of youthful independence and disregard for authority which results so disastrously in some foster homes which lack the tempering affection of father and mother found in the normal home. In such cases the aid and advice of the agent are needed to adjust the difficulty and restore harmony."²

The agency visitor must make a special effort to counteract the natural tendency of the foster mother to belittle the parent who has failed.

The child should never be given cause to consider himself "a case," and the agency should stay in the background as far as possible. However, a letter, a small gift, or a birthday remembrance add tremendously sometimes to the happiness of the child. A few agencies discourage this practice and consider it an obstacle to a closer relation between foster parent and the child.

Visits should be timed for a school hour so that an opportunity for a private interview with both foster mother and child may be possible. The agent should exercise great care always not to provoke neighborhood or school gossip, or in any way disturb the relations between foster parents and child. It is her function to interpret the child to the foster parents and the teacher, and in turn interpret the new home, school and community to the child.

¹*The Work of Child Placing Agencies*, p. 57.

²*Foster Home Care for Dependent Children*, p. 49.

Numerous variations of the foster home idea are utilized, among them being, "temporary home," "observation home," "boarding home," "working home." In all cases the general aims are the same, namely, meeting the individual needs of the child and supplying for him the best possible social environment that he may develop into a useful citizen recognizing his social responsibility.

TEMPORARY PLACEMENT

The Children's Bureau defines the observation home as follows:

"By observation home is meant not a temporary shelter with a matron in charge but a boarding home with a woman who knows how to receive strange children, who during their stay with her can interpret them to the visitor, and who can explain to the children what is going to happen to them and prepare them for placement.

"Temporary placement in an observation boarding home is much more satisfactory than immediate placement in a new home with a woman who very naturally expects from the child an expression of affection which he can not give while the wound of separation from his own home is still fresh. The observation boarding home is far preferable to the shelter or diagnostic cottage in that the child is living in the community, going to a public school, and mingling with other children of the neighborhood, much as he will do when finally placed. And a better opinion can be formed as to the sort of adjustment he is likely to make in any given environment.

"From this observation home the child may 'go on a visit' ostensibly to spend a week-end with friends of the agency's worker, and if he is returned to the temporary home he is spared the feeling that the new home did not want him. After such a visit, the foster mother is approached and the child is talked with separately. Even when it does not seem advisable to make the placement, the child has almost always enjoyed his visit."¹

ADOPTION

The agency placing the child has full responsibility for his welfare. This obligation is not terminated until he comes of age, is adopted or is returned to his own home.

In prospective adoptive homes an increasing amount of authority may perhaps be delegated to foster parents, sometimes from the start, but friendly interest can be continued to advantage even after legal adoption.

¹*Foster Home Care for Dependent Children*, p. 57.

In Virginia "such final order of adoption shall not be granted until the child shall have lived for one year in the proposed home and shall have been visited during the said period at least once in every three months by a probation officer, an agent of the State or county or city board of public welfare, or other person designated by the court for the purpose."¹

Children, whether legitimate or illegitimate, who have serious physical or mental defects, should not be placed for adoption. This applies also to those who have self-respecting relatives who might later care for them. Children of unmarried mothers should not be adopted too hastily as their mothers frequently wish to assume their care.

Frankness to adoptive parents is advised with regard to known facts concerning the child's history, and in turn, frankness to the child concerning his adoption as soon as he reaches the age of understanding.

The problem of heredity is a moot question and scientific facts concerning it are meagre. It is often found that apparently backward children respond to better physical, mental and social opportunities. Recent studies show that in many children the intelligence quotient, formerly thought to be invariable, may show improvement after physical and even environmental handicaps are removed.²

Illegitimacy need not be an obstacle to adoption. It is true that the feeling of inferiority engendered in the so-called illegitimate child by the attitude of others toward him may lead to attempted compensation on his part in terms of anti-social behavior. However, given wholesome surroundings, he develops as any other child, and can readily be absorbed into the stream of community life.

During the period pending adoption sympathetic oversight on the part of a visitor is especially important, and assistance should be given to effect necessary adjustments between adoptive parents and child.

Upon filing of a petition for adoption in the circuit court of the city or county of residence of prospective adoptive parent or parents, "the court shall direct a probation officer, or other officer of the court, or other specified person to investigate thoroughly and report in writing to the court. It must be ascertained why the parents (if living) desire to surrender the child, whether they have abandoned the child or are morally unfit, and whether the proposed foster parents are suitable. The physical and the mental condition of the child are also to be reported. For this the investigator may secure the opinion of a reputable physician or competent mental examiner."³ If fourteen years of age or over, written consent of the child is necessary.

"The natural parents, the adopting parents, the child, or the State Board of Public Welfare may at any time petition for vacation of adoption and restoration of

¹*Public Welfare Laws of Virginia*, p. 67. Sec. 5333, Code of Virginia.

²For discussion of Intelligence Quotient, see p. 27.

³*Adoption Laws in the United States*, Emelyn Foster Peck, U. S. Dept. of Labor, Children's Bureau, 1925, Publ. No. 148, p. 18. Also see *Public Welfare Laws of Virginia*, p. 66-70, Sec. 5333, Code of Virginia.

the former name. If the child is under twenty-one years of age he is represented by a next friend. If he is over fourteen years of age the court must ascertain his wishes, although it need not be controlled by them. The court must hear evidence in any such petition and is directed to see that property rights of both child and adopting parents are protected. Notice must be given to the adopting parents if they are then residents of the State."¹

In communities where a sufficient number of good foster homes do not apply for children, two solutions are offered by the Children's Bureau:

1. "The first is that there should be greater effort in the future than in the past to do preventive work with families that will forestall the family breakdown.

2. "The second approach to the solution of the problem of shortage of foster homes may come through a franker recognition than has yet been accorded the need of seeking boarding foster mothers who will accept this as a life job worthy of careful preparation."²

It might be wise for some organization in Virginia to follow the example of Simmons School of Social Work to offer a course or brief institute in "Training for Foster-Mothers."

INSTITUTIONAL CARE

While the State Department of Public Welfare is emphatic in its position that "a normal home placement is superior for the development of any child to even the best possible institutional care,"³ there are many individuals who recognize that there are advantages for some children in the facilities offered by adequately equipped institutions. Institutions may be used with good results for the following purposes: (a) as observation centers where a small staff of experts can observe a larger number of children than would be possible if they were placed in separate homes, (b) to give temporary care to children needing medical treatment, (c) to take care of large families where there are too many children to be adopted or placed together, (d) to afford a temporary home for children whose relatives may wish to take them and where it is not desirable that other attachments should be made, (e) to establish regular habits or break up undesirable ones by following the routine program of a group.

NEGLECTED CHILDREN

A neglected child is defined by the State as follows: "a child under eighteen years of age: who is abandoned by both parents, or if one

¹Ibid., p. 22.

²*The Work of Child Placing Agencies*, p. 41.

³*The Public Welfare Function of Government in Virginia*, p. 27.

is dead, by the survivor, or by his guardian; or who has no proper parental care or guardianship; or who habitually begs or receives alms; or who is found living in a house of ill fame or with vicious or disreputable persons; or whose home, by reason of neglect, cruelty, or depravity, on the part of the parent, guardian, or other persons in whose care it may be, is an unfit place for a child; or whose parents or guardian neglect or refuse, when able to do so, to provide medical, surgical, or other remedial care necessary for its health or well-being; or whose parents or guardian permit such child, if under the age of sixteen years, to engage in any occupation or calling defined by the child labor law as dangerous to the life or limb or injurious to the health or morals of such child.

"All delinquent, dependent, or neglected children, as defined in this chapter, shall be considered, for the purposes of this chapter, wards of the State and in need of care and protection, and proceeding under this chapter shall be for the purpose of determining whether or not the State shall assume the guardianship, supervision, custody or control of the child in question."¹

The treatment of neglected children consists first of all in trying to improve the home situation. In order to insure proper care of the child his parents may be put on probation or given sentence. The law provides for the prosecution of any adults who are directly responsible for the neglect.² Treatment of neglect situations is also given by the Society for the Prevention of Cruelty to Children, Humane Societies, Children's Aid Societies, County Boards of Public Welfare, police officers, social case workers, and club leaders.

In case the home proves to be an unfit place for the child and he must be removed, he is treated as a dependent child and subject to the type of treatment described above.

CHILDREN BORN OUT OF WEDLOCK

The successful solution of the problems arising from the birth of a child out of wedlock requires the utmost skill. Individual consideration should be given to the mother, father and other relatives in working out the very best plan, but the rights of the child must

¹Sec. 1906, Code of Virginia.

²"The prosecution and punishment of persons charged with ill treatment, abuse, abandonment or neglect of children or with contributing to their delinquency or dependency or neglect in any manner or with any other offenses against children under the age of eighteen years, except murder and manslaughter; provided, however, that in prosecution for felonies other than murder, manslaughter and rape, the jurisdiction of said special justice shall be limited to that of an examining magistrate." Sec. 1953-e-3, Code of Virginia.

be assured, if not by the child's family, then by the State. The illegitimate child is in no way responsible for his anomalous position and hence should not be handicapped by social ostracism. Many factors have in the past tended to deprive the child born out of wedlock of the fundamental right to normal home life.

Because of the youth of the parents (almost one-half of the mothers are under 21) their ideas of social responsibility are poorly developed, and their earning capacity is usually low. Many of these mothers are absolutely unable to meet maintenance costs of themselves and their children; and comparatively few fathers contribute to their support. Illegitimate children for this reason are often moved from one caretaker to another and are sometimes placed in the care of unscrupulous or otherwise unsuitable persons.¹ Lack of affection and of status in a normal home group result in undesirable feelings of inferiority and insecurity in the child. These feelings, together with mental conflicts arising over efforts to conceal their status and parentage, often lead to serious behavior difficulties.

The large percentage of illegitimate persons found among criminals, in hospitals for mental and nervous disease and in the care of other health agencies is due chiefly to the above situations.

An increased knowledge of mental hygiene offers us a new interpretation of this problem and directs the way to a solution. While the rate of illegitimacy is higher among the feeble-minded than among persons with normal or superior intelligence, it is by no means restricted to that class. Many of the most grievous personality maladjustments occur when mothers of illegitimate children or the children themselves are of normal or superior intelligence.

¹The Virginia Code provides as follows:

Sec. 1930-a. "(1) Any person who receives for care or treatment during pregnancy or delivery, or within ten days after delivery, more than one woman within a period of one year except women related to such person by blood or marriage, shall be deemed to maintain a maternity hospital.

(2) The State Board of Public Welfare may grant a license for the conduct of any maternity hospital that is for the public good and is conducted by a reputable and responsible person. No maternity hospital shall receive a woman for care therein without first obtaining a license to conduct such hospital from the State Board of Public Welfare. No such license shall be issued unless the medical staff of the hospital includes one or more resident registered nurses and one or more licensed physicians, and the premises are in fit sanitary condition, and the application for such license has been approved by the local board of health.

(6) No maternity hospital shall engage in the business of childplacing. Any child born in any maternity hospital who is illegitimate and whose father is unknown and whose mother is unable to care for such child, or any child who for any reason will be left destitute of support, shall, through proper court proceedings, be committed to the State Board of Public Welfare, or to any agency licensed to engage in the business of child-placing."

The following suggestions for the handling of cases of illegitimacy are quoted from the report of the Joint Conference of Children's Bureau and Inter-City Conference.

"BIRTH REGISTRATION: All births should be registered. For illegitimate births the name of the father should be entered only after his written acknowledgement or adjudication of paternity. There should be provision for reporting adjudication of paternity to the birth registration office. The records of illegitimate births should be confidential and not open to inspection. Transcripts of birth records should not disclose the birth status, and such information should be issued only on court order. Births not clearly legitimate should be reported to a public agency having responsibility for child welfare.

"PATERNAL RESPONSIBILITY: Proceedings to establish paternity should be instituted by the mother or by a public agency, if advisable in the interest of the child. The law should provide for either a criminal or a civil proceeding, as the special case may require. The court having jurisdiction should have a staff of social case workers. Proceedings should be informal and private. The father should make provision for care, maintenance, and education of the child. The court should have continuing jurisdiction with reference to custody and support during the child's minority. Settlements should be in the discretion of the court, and settlements outside of court should have the court's approval.

"INHERITANCE AND NAME: After establishment or acknowledgment of paternity, the child should have the same rights of inheritance as the child born in wedlock, and the use of the father's name should be permitted.

"LEGITIMATION: Subsequent marriage of the parents should legitimate the child, and the issue of void or voidable marriages should be by law legitimate.

"CARE OF THE CHILD BY THE MOTHER: Whenever possible, the mother should be persuaded to keep her child, at least during the nursing period. Careful consideration should be given to means by which the mother may receive assistance if she is unable to maintain the child. Steps should be taken to secure for the mothers the benefits of the so-called mothers' pension acts.

"STATE SUPERVISION: The obligation of the state to protect the interests of the child is recognized. With due allowance for local differences and needs, there should be state departments having responsibility for child welfare, whose duties include the assistance of unmarried mothers and their children. No parent should be allowed to surrender the child for adoption, to transfer guardianship, or to place out the child permanently for care, without the order of a court or a state department, made after investigation. The state should license and supervise all private hospitals that care for unmarried mothers for confinement, and all private child caring and child placing agencies."¹

Some warning needs to be given concerning too quick placement for adoption of babies of unmarried mothers.

Forced marriage of the parents of illegitimate children is not to be relied upon as a solution, as compulsion is not conducive to happy family relationships. Unless there is compatibility the dangers to the child's personality may outweigh the gains. Mothers of illegitimate children may later contract happy marriages with the children accepted members of the new families.

¹"Joint Conference of Children's Bureau and Inter-City Conference on Illegitimacy," *The Annals of the American Academy of Political and Social Science*. Sept. 1930, p. 165-166.

According to the U. S. Census illegitimacy statistics for 1929, Virginia's illegitimacy rate is much higher than the average.¹ In 1929, one State had an illegitimacy rate of 8.3 compared with Virginia's total rate of 61.9 and white rate of 22.0.

The total number of illegitimate births in Virginia in 1932, including still births was 4,161. Almost one in seven of still births in the State in 1932 was illegitimate.²

Though the Children's Bureau of the State Department of Public Welfare is charged with the "general supervision of the interests and welfare of the mentally defective, dependent, and neglected children," at present it does not assume, except to a limited extent, the care of dependent and neglected children.³

"There was a notable exception to this rule, however, when 46 dependent children were accepted from the Children's Home Society of Virginia in January on the order of Governor Pollard as a means of furnishing financial relief to that organization. In addition, . . . the Bureau also accepted 17 other dependent children, presenting extraordinary problems which no other agency in the State was prepared to handle."⁴

A census of dependent and neglected children in Virginia showed 5,295 children to be receiving care away from their own homes in 1934.⁵ Of these, 89% were under the auspices of private agencies and 11% were cared for by public agencies. Fifty-five per cent were in institutions, 41% in free homes and 4% in boarding homes.⁶ Four private child placing agencies give care to about 2,400 children.⁷

¹Only six states have higher rates, South Carolina, Mississippi, Alabama, Louisiana, Georgia and North Carolina.

²"There have been between three and four thousand illegitimate births officially recorded in Virginia each year from 1917 to 1932. The annual number was 3,554 in 1917 and 3,815 in 1932. But between the years 1917 and 1932, we have a decrease in total births, according to the Virginia Bureau of Vital Statistics, from 61,776 to 54,767. The preceding statistics are of living births. If we take still births into account, too, the illegitimacy rate is even worse." *Virginia State Hospitals for Mental Patients*, p. 42.

³*Public Welfare Laws of Virginia*, p. 13, Sec. 1902-k, Code of Virginia.

⁴Painter, W. L., Director Children's Bureau, State Department of Public Welfare, *Children's Bureau Report for Year Ending June 30, 1934*.

⁵A census taken by the federal Children's Bureau in co-operation with the federal Bureau of the Census of dependent and neglected children in the United States away from their own homes.

⁶A study of child dependency in the United States made by the Child Welfare League of America.

⁷Children's Division of the Bureau of Catholic Charities, Rev. Thomas E. Mitchell, Director. Children's Home Society of Virginia, Mr. F. D. Preston, General Secretary. Norfolk Children's Bureau, Mrs. E. M. Wainright, Director. Richmond Children's Aid Society, Miss Mary A. Howell, Executive Secretary.

It is estimated that there are fully 4,000 dependent children in Virginia who are not being properly cared for, because the private agencies are not financially able to cope with the problem. "These children are living in unfit homes, or with undesirable relatives who do not want them, or they are being generally neglected."¹

The whole cause of childhood in the State has been served by the County Departments of Public Welfare,² Family Welfare Agencies, local chapters of the American Red Cross, and, especially, by the Federal Emergency Relief Administration.

THE DELINQUENT CHILD

The dependent child was the first to receive marked attention from social workers. However, in recent years no phase of child life has received more expert study and more painstaking experimentation than that of juvenile delinquency. A forward step was taken when the delinquent child came to be recognized as an individual needing help and not as a criminal to be punished. Another advance was indicated by the change in terminology from "the problem child" to "the problems of the child." The recent White House Conference on Child Health and Protection stressed the fact "that the problems of the delinquent child are the problems of all children and that his needs—the need for security in his home life, in the affection of his parents and companions, and the need for recognition, experimentation, new experience and achievement—are as real as his physical needs for food and warmth."³ It is therefore necessary to study the delinquent not only as an individual but as one element in a social situation the whole of which must be analyzed.

The causes of delinquency are complex and are often far removed from the offense. Stealing, for example, may be due to any one of innumerable different causes and is important only as a symptom that something is wrong. "Just" treatment has been given the case only when the cause is discovered and treated.

Some of the situations that cause delinquency are bad neighborhood conditions, where boys and girls are exposed to crime, vice, obscenity, gambling, and vulgarity; unfortunate home situations due to death, divorce, or desertion of one or both parents; quarreling of parents; overindulgence or harshness; and overseverity of parents.

"Many cases of delinquency in children have been traced to the attempt of parents to make the child's life compensate for their own

¹Preston, F. D., *Richmond News Leader*, Friday, November 9, 1934.

²There are at present 13 welfare boards with active programs under the direction of Superintendents of Public Welfare.

³Children's Bureau Publ. No. 215, *Facts About Juvenile Delinquency*, 1933, p. 2.

failure to reach certain goals of achievement; to the fact that the child has for years been buffeted between the rigid discipline of one parent and the extreme laxity of the other; to the dominating attitude of one member of the family group which leaves the child no opportunity for asserting himself as an individual; and to similar forms of conflict between the needs of the child and the conditions prevailing in his family. Parental attitudes are of fundamental importance."¹

School dissatisfaction is often a forerunner of delinquency whether this dissatisfaction is due to improper placing with resulting work too hard or too easy or not suited to the special abilities of the child, or to lack of understanding of the child by the teacher. Lack of economic security may also lead to anti-social attitudes and to violence. While the inheritance of criminal tendencies as such has been disproved, yet case studies show that delinquent and criminal patterns are transmitted with the family group. Older brothers particularly set examples for the younger members of the family to follow.² "The problem of delinquency is not a superficial blemish which can be removed with ease. It is an indication of weakness and maladjustment in the whole social organism."³ The discovery of causative factors requires not only a thorough social investigation but insight and a sympathetic approach to the whole situation.

TREATMENT

The treatment and prevention of delinquency are problems for the deep concern of all child welfare organizations. While the juvenile court is the organization designated by the state to care for the delinquent child, its success ultimately depends upon the co-operation of citizens. In Virginia a "delinquent child" is defined as "a child under eighteen years of age who:

Violates a law of this State or a city, town, or country ordinance;
or

Is incorrigible; or

Is a persistent truant from school; or

Habitually associates with vagrants, criminals or reputed criminals,
or vicious or immoral persons; or

Is an habitual loafer or vagrant; or

Uses habitually intoxicating liquor as a beverage, or who uses opium, cocaine, morphine, or other similar drug without the direction of a competent physician; or

¹Ibid., p. 13-14.

²National Commission on Law Observance and Enforcement. Report on the cause of Crime. Vol. II, No. 13, June 26, 1931, p. 135-37.

³*Facts About Juvenile Delinquency*, p. 3.

Frequents a disorderly house or house of ill fame; or
Frequents a gambling-house or place where gambling device is operated; or

Habitually and without restraint uses, writes, or circulates vile, obscene, vulgar, profane, or indecent language, or is guilty of acts of moral perversion."¹

Every person under the age of 18 who has committed an offense which otherwise would be considered a crime is entitled to the protection of the juvenile and domestic relations court. While some states make exceptions of certain offenses Virginia does not. Section 1911 provides for juvenile cases that accidentally get into the regular criminal court. Such cases should be transferred to the juvenile court as soon as the age is established. According to the Trial Justice Act in Section 4988 (19-d), "the trial justice shall also be judge of the juvenile and domestic relations court in each county and city of his territory." This combining of duties does not mean that the courts should be merged.

JUVENILE COURT

It is extremely important that the following standards for juvenile court procedure be observed:

1. SEPARATE HEARINGS. The sessions of the juvenile court should be entirely distinct from the criminal court."²

2. INFORMAL OR CHANCERY PROCEDURE. In order that juvenile delinquents shall be treated as children in need of aid, encouragement and guidance rather than as criminals, it is essential that the hearings be informal.³

The procedure should be a conference to determine the best way to settle the problems of the child rather than a trial. These hear-

¹Sec. 1906, Code of Virginia.

²"In order that this may be accomplished the State Department of Public Welfare suggests 'that the group of cases which are brought before the trial justice in his capacity as judge of the juvenile and domestic relations court should be kept entirely separate from regular criminal cases (Virginia State Code, sec. 1905 and 1953-e-g), and that a separate date and time should be set aside either Saturday morning or some time Saturday for the hearing of juvenile cases. This time is suggested so as to interfere as little as possible with school attendance. If this is not possible, afternoon sessions on as many days as are necessary to clear the docket might be practicable'." Phillips, J. W., *Good Morning, Judge*, p. 20.

³"It is the intention of this act that in all proceedings concerning the disposition, custody or control of children coming within the provision hereof, the court shall proceed upon the theory that the welfare of the child is the paramount concern of the State and to the end that this humane purpose may be attained, such justices shall possess all necessary and incidental powers and authority, whether legal or equitable in their nature." (Sec. 1953-e, Code of Virginia.)

ings should never be public, but should include only the persons definitely interested in the case. Newspaper publicity should never be given. (Sec. 1950, Code of Virginia.)

Petitions and warrants are issued in all cases even when the complainant is a police officer, sheriff, deputy, or town sergeant. The summons should be issued for both the child and his parent or guardian. (Sec. 1907, Code of Virginia.)

3. **DETENTION SEPARATE FROM ADULTS.** Only in exceptional cases should it be necessary for police officers to take into custody juvenile delinquents.¹ Adequate detention service is woefully lacking in the State, but even where detention homes are provided, their use should be limited to children for whom it is absolutely necessary such as: (a) children who are beyond the control of their parents or guardians; (b) runaways; (c) children who have committed offenses so serious that their release pending the disposition of their cases would endanger public safety; and (d) children whose detention is necessary for purposes of observation and study and treatment, by qualified experts.

Children should never be sent to a place of detention in a patrol wagon. Handcuffs should never be used.

Under no circumstances should a child be held in a jail or police station with adult offenders. (Sec. 1914.) The period of time between arrest and hearing should be reduced to a minimum. Children in detention should be provided with an opportunity for physical exercise and mental activity so that their confinement will not be conducive to further delinquency on their part due to idleness.

4. **TRAINED PROBATION OFFICERS,** both for investigation and for supervisory care. The services of a woman probation officer or social worker should be available for girls' cases. (At present few courts in Virginia employ trained probation officers.)

5. **PROVISION FOR A THOROUGH STUDY OF THE INDIVIDUAL.** This study should include:

¹"Until the question of custody can be determined it should not be necessary to place the child in jail. (Virginia State Code, Sec. 1914.) He could easily be taken to the judge's office, the sheriff's home or office, or to the home of the issuing justice. The parents could be notified to come and get the child and agree to have him present in court at the required time. It should not be necessary to require the usual appearance bond as experience has shown the risks involved either way are negligible. (Virginia State Code, Sec. 1908.)

"Section 1910 states specifically that 'unless the offense is aggravated or the child is of an extremely vicious or unruly disposition, no court, judge or justice shall sentence or commit a child under the age of eighteen years to a jail, police station, etc.' There are very few juvenile cases which are so aggravated or the person so vicious that jail commitment is necessary. The above specifically applies to all issuing justices and clearly should apply to all police officers, sheriffs, etc." *Good Morning, Judge*, p. 22.

(a) The child's "Own Story," including not only his description of his offense but also his attitude toward his conduct, his wishes and ambitions, and his ideas of a solution to his problem. The "Own Story" technique is one of the best ways to discover causations. The living over of past experiences reveals time sequences and cause and effect relationships far better than direct questioning can do.

(b) Health, history and thorough physical examination, especially to reveal physical disabilities which may affect behavior. For example, feelings of inferiority due to small size or deficient energy, deformities, cross-eyes or other defects may lead to undesirable behavior, or may lead to dissatisfaction with school work, etc.

(c) Psychological examinations which should include not only an intelligence test such as the Stanford Revision of the Binet-Simon, but also tests which show special abilities and disabilities, since helpful guidance depends upon knowing the child's limitations and possibilities. By means of mental examinations and personality studies (especially if made by psychiatrists) definite symptoms are often found which disclose early stages of mental disorders. By skillful treatment some of these can be cured with resulting correction of behavior difficulties.

(d) The child's developmental history, habits and conduct, and also a history of previous delinquencies.

(e) Social investigation of the family to discover the basic needs of each member of the family group. Facts regarding make-up of the household, history of alcoholism, criminality and immorality; economic status, employment and living conditions, are useful; but special attention should be given to family attitudes and tensions, the intelligence and understanding of the parents, emotional relationships of members of the family and the extent to which the needs of each member are met or thwarted.

(f) An estimate of the causative factors responsible for the child's behavior, noting those that are based on personality defects and those arising more directly from environmental factors.

(g) School record, particularly record of truancy; special interests and subjects in which the child does poorly; recreational interests, including reading, choice of playmates, and attitude toward discipline.

(h) Church affiliations. Especially is it desirable in a community without social case workers or probation officers to find facilities for supervision and constructive activities offered by the church and Sunday School.

In order that the above information may be secured it is essential that the judge (or trial justice) have a sympathetic attitude toward the child, and that he exercise patience, tact, understanding and friendliness in his dealings with the child and his parents; and that

by a combination of all these traits he elicit the co-operation of the child, his parents, and all the persons or agencies that must be used in working out a plan for the best development of the child.¹

Where probation officers are employed they will assist the judge in securing the information by making a social investigation of the home and by conferences with school teachers, ministers and Sunday School teachers, club leaders, and social workers. These conferences should never aim merely at getting evidence regarding the guilt or innocence of the child in court but at evaluating the strengths and weaknesses of his character and personality and of his environmental situation, and in getting suggestions for a solution of his problem.

While investigation and analysis are important they must never be considered ends in themselves. The crucial step in the care of the delinquent is in working out with him and his family and community a plan of action. The plan for treatment must have in it no idea of punishment for an offense, but must be directed entirely toward meeting the needs of the child.

It has been estimated by the Children's Bureau that one child in every 100 of juvenile court age comes before the courts as delinquent in the course of a year. If the same proportion exists in Virginia, approximately 3,000 children need treatment each year to prevent their becoming criminals.

Not all children appearing before the juvenile court judge need prolonged treatment. Sometimes the experience of being sent to court is sufficient to impress upon the child the seriousness of his misconduct and to assure its discontinuance. Often a warning to the child and his parents, or a frank discussion of the child's needs, arouses the feeling of responsibility of the parent. The stigma attached to court appearance in some cases acts as a deterrent to misconduct. In those cases where the children are dismissed with a warning the parents must be made to realize that it is no kindness either to them or to their child to allow serious defects in personality or environment to go uncorrected.

For the majority of children whose behavior is such that they have been reported to court some more drastic action is needed. For many, probationary supervision in their own homes is sufficient, for others, removal from the home situation is necessary.

¹"Sections 1922-d and 1913, Virginia State Code, make specific provision for the complete investigation of all or any case before the court. . . . Until complete service can be developed for the courts to enable them to approach each case in this scientific manner, much can be accomplished by assembling and assimilating as much of this information as possible. Regarding the development of more adequate facilities along this line and for special service in aggravated cases the courts may communicate with the State Department of Public Welfare." *Good Morning, Judge*, p. 25.

JUVENILE PROBATION

"Probation is not a sentence but is equivalent to a suspended sentence. Probation does not imply a prescribed program but probation treatment essentially means treatment fitted to the needs of the child. By avoiding either the stigma of incarceration or the freedom of acquittal, probation treatment gives opportunity for developing self-control with protection from unwise use of personal freedom.

"The probation officer's job is to give guidance to boys and girls who may or may not recognize the need of advice or assistance. His field of labor covers situations caused by the failure of someone else—the failure of the child to live up to the expectations of his parents or to the standards of conduct demanded by society; the failure of parents to provide protection and guidance; or the failure of society to insure adequate environmental conditions. It is sufficient to say that something has gone wrong. The situation that confronts the officer has the appearance of a crisis, even though it may have been gradually developing for a long time. Delinquency involves emotional as well as intellectual ramifications. The mere fact of court appearance often causes a defensive attitude on the part of the family, fear and antagonism on the part of the child, and sensitiveness, tension, and embarrassment for all.

"The probation officer must enter this arena of struggling emotions and bring order out of chaos. He must bring about the best possible solution of the delinquent's problems. Perhaps this will involve guiding a child through a crisis which will require his efforts for only a few weeks. Perhaps he must help the child to develop a new philosophy of life and set in operation this philosophy—a task requiring many months.

"The probation officer's ability to establish a friendly relationship depends upon first, his personality; second, the resources at his command; and third, his professional skill and technique. Under the first heading come: an unaffected fundamental interest in human beings and also tact, humor, insight, and mental alertness. Neatness and style in personal appearance are decided assets when working with adolescents. . . . Professional skill involves more than the mechanical manipulation of interviews and visits so that the largest number of persons can be seen under the most propitious circumstances, in the least amount of time, and with the least expenditure of money—though that itself is important. It means a technique for the proper distribution of praise and blame; for seeing and commenting upon or for ignoring actions, attitudes, and moods; for assisting, encouraging, and suggesting solutions, or for demanding

that the child think through his own problems depending upon the needs of the individual case."¹

The Committee on Juvenile Court Standards listed the following standards for probation work:

Not more than fifty cases should be under the supervision of one probation officer at any one time. Officers handling girls' cases should be assigned a smaller number.

Girls' cases should always be assigned to women officers; cases of boys under twelve years may be assigned to women officers, but all cases of boys twelve years of age and over should be assigned to men.

A definite plan for constructive work, even though it be tentative, should be made and recorded in each case and should be checked up at least monthly in conference with the chief probation officer or other supervisor.

The length of probation in each case should be determined by study of the case, needs disclosed, and progress made.

Reporting by a child to a probation officer at regular intervals should be required only if it seems clearly to be for the good of the probationer, and should never be made a substitute for more constructive methods of case work.

Except in rare cases, home visits at least once every two weeks are essential to effective supervision.

Reconstructive work with the family should be undertaken whenever necessary, either by the probation officer himself or in co-operation with other social agencies.

Special detailed school reports for each child on probation are advisable.

The probation officer should assist and guide children of working age in the choice of a vocation.

In rural communities it is often practicable and desirable to combine probation work with other types of social service. The probation officer, however, should not hold other office in relation to the court, nor an office identified with the prosecution of cases, such as clerk of the court, police officer, or sheriff.²

Much of the time of the probation officer will be spent in helping the child find suitable work, steering him into constructive recreations, and in securing for him other contacts with community agencies recognized as "good." Great care must be taken in matters of school and church attendance, having a job, and joining a club, that outward conformity is not forced at the expense of inner satisfaction. All of these contacts to be successful must mean for the child increased opportunity for self-expression and associations that bring pleasure to him.

It pays to check delinquency in its early stages. The longer a child has been engaging in anti-social behavior the less the chance for reformation. Likewise, the treatment must be more drastic and more persistent. It cannot be too strongly emphasized that loyalty to a political party alone is no better preparation for a probation officer than for a doctor. The skills demanded for the job can be attained only by intensive professional training or by apprenticeship under a very skilled supervisor. Now that many institutions offer the requisite

¹Beard, Belle Boone, *Juvenile Probation*, p. 2, 10-11, 13-14.

²*Juvenile Court Standards*, p. 7-9.

training the State cannot afford to pay untrained men and women any more than it can afford to employ untrained school teachers, even less so.

The following excerpt from the report of the State Children's Bureau shows clearly the lack of adequate probation service.

"Only 253 of the 709 new children received were reported as having been tried on probation. In this connection, attention should be called to the lack of facilities available to the average court for such work. Not only do the courts lack personnel for probation service but there is all too frequently a lack of any kind of social case work service to the children before they reach the juvenile court or with the family after the child has been removed temporarily (hopefully) from the home and environment. The juvenile judges know well the usual result of returning to the old family and community situation a child who has been away for a period and learned new and better ways of living. To work with the child and ignore the family is to hoe only part of the row—and a very small part, at that."¹

INSTITUTIONAL CARE

The assertion that delinquents must be segregated in institutions to protect society from their depredations is seldom justified. Few juvenile delinquents, unless suffering from some mental or nervous disease, are so vicious that incarceration is necessary.

In some instances, however, bad habits will appear to be so firmly rooted in the environment that there is little hope of their being broken there. The emotionally unstable may overtax the patience of the parents. In these cases it may be necessary to remove the child from the home or community until his habits or attitudes change, or until the conditions are improved.

It is important that the Industrial School should not be used as a dumping ground for all children who are not adjusted to society regardless of whether they can find adjustment through the institution. The institution should not be viewed merely as a place of last resort for children who have failed to respond to other types of treatment, but as a first choice for certain types of children.² "The newer purpose of the institution is to deal with the child on the basis of careful, scientific, and understanding training and education and prepare him to return to the community as soon as there is assurance

¹Unpublished Report of Children's Bureau, State Department of Public Welfare, for the year ending January 30, 1934.

²*Facts About Juvenile Delinquency*, p. 38.

that he can fit into community life again.”¹ This purpose implies a close relationship between the institution and the community from which the child came.

In order that the institution may be in reality a “training school,” it is essential:

1. That the institution should be educational and not punitive;
2. That the staff should be selected on the basis of their qualifications for the work and should include knowledge of social work technique;
3. That the staff should receive adequate compensation to maintain a high grade of service;
4. That the training should be fitted to the needs of the child.

Almost without exception these children must support themselves, hence the necessity of vocational training. Routine work of the institution is usually performed by the boys and girls but care must be taken that drudgery is relieved by labor saving devices, that monotonous tasks are changed frequently and that maintenance work does not usurp time needed for academic or vocational training. Otherwise the institution will be guilty of violating the spirit if not the letter of school attendance and child labor laws.²

“The institution should not lose sight of the fact that its task is not to adjust the child to its own routine but to prepare him for the more difficult adjustment to be made upon his return to his home community.”³ Children cannot be taught to use their freedom wisely unless they are given freedom in the institution and have opportunity to develop a sense of responsibility. While military discipline simplifies the operation of the institution, it is questionable whether it fits the child for a place in society.

“Since the home conditions have frequently been responsible in part for the child’s delinquencies, this will often mean the enlistment of a family case-work agency to carry on a vigorous family rehabilitation program during the period of the child’s commitment. No child should be paroled or discharged from an institution until suitable arrangements have been made for his care in the community to which he is sent.”⁴

The work of Virginia training schools is hampered by the lack of trained parole officers.

Juveniles may not be committed directly to the four State Industrial Schools. All commitments are made to the Department of

¹*Facts About Juvenile Delinquency*, p. 38.

²*Ibid.*, p. 40.

³*Ibid.*, p. 39.

⁴*Ibid.*, p. 41.

Public Welfare where, after a thorough study of the case, disposition is made. The age limit of commitment is 18 years as is also the age limit of reception at the industrial schools. All commitments, both to the Department and to the State industrial schools, are for an indefinite period. Juveniles in these schools through a system of awards and merits, earn their parole usually after a period of from fourteen months to two years.¹

But experience has shown that "graduates" from these institutions when they return to the community usually have difficulty in adjusting and are quite likely to continue in delinquency. This type of "training" is exceedingly expensive to the tax-payer and the results are dubious.

Adults contributing to juvenile delinquency should be promptly reported and sentenced.²

FOSTER HOME CARE

Foster home care is not a substitute for commitment to an institution. For many children, a chance to make good under normal circumstances is a better preparation for useful citizenship than life

¹"After the required merits have been earned and the institution staff is satisfied that further training is not needed or justified the juveniles are paroled usually to their own homes. If they either have no home or their home is not suitable for their return to it, relatives and friends are sought who will take the children on parole. It is customary for the superintendent to notify the judges in whose court the children were committed regarding the person's eligibility for parole, seeking the co-operation of the judges in seeing that the children are given a decent chance to make good on parole.

"If children who are paroled from the schools do get into further difficulty and are still under the age of eighteen it is not necessary that they be re-committed to the State Department. Notify the superintendent of the school that the boy or girl has gotten into further difficulty or is violating his parole and the superintendent will consider whether the breach is sufficient to justify returning the child to the school or whether the juvenile will benefit by a further period of training at the school.

"The same is true of parole violators who are over eighteen years old but are not yet twenty-one. If specific offenses have been committed they, of course, can be dealt with as adults, but the court can in its discretion communicate with the superintendent of the school and see if the person can be returned as a parole violator.

"In some cases the children have been discharged from the schools instead of paroled. Such is usually the exception, however. In this event they must be dealt with as adults if over eighteen or be re-committed to the State Department of Public Welfare if under eighteen or still within the juvenile court age limit." *Good Morning, Judge*, p. 30.

²"Any person over eighteen years of age who shall cause or encourage any child under the age of eighteen years to commit any misdemeanor, or who shall send or cause such child to go into any place for an unlawful purpose, or who shall in any way subject such child to vicious or immoral influences, or who shall induce, cause, encourage, or contribute toward the dependency, neglect or delinquency of any such child, shall be guilty of a misdemeanor, and upon conviction thereof shall be subject to a fine of not more than five hundred dollars, or imprisonment in jail for a period of not more than one year, or both. This section shall not be construed as repealing or modifying in any way affecting sections 4410, 4411, 4414, 4548, and 4764 of the Code of Virginia." Sec. 1923, Contributory Delinquency Act.

in an institution however well operated. The "reform school" has been so widely used as a "big stick" to instill fear that commitment is almost synonymous with punishment. Being sent to a foster home seems therefore less like punishment and is accordingly less likely to result in anti-social attitudes and so-called "hardening into a criminal." Most important, however, are the advantages of individualized treatment and of a normal home atmosphere.

The essentials of good foster home care for delinquent children are the same as for dependent and neglected children. However, the following conditions are especially needed in treating delinquents:

(a) Facilities for a careful study of the child and his problems, preferably by a child guidance expert.

(b) A child placing agency staffed with workers who have had thorough case work training and if possible skill in psychiatric case work. The case load should not exceed 30, as frequent visits are often required to smooth out difficulties arising in the foster home.

(c) A community interested in helping children and willing to exercise patience and toleration in dealing with their problems. These requirements apply not only to the foster parents, the judge and probation officers but to other persons with whom the child comes in direct contact as school teachers, companions, and neighbors. The best results have been obtained where foster home care has been paid for, especially if the child is in school.

Delinquents with serious mental and personality defects are usually not successfully handled by foster mothers unless the latter have been specially trained.

In order that delinquents may receive speedy treatment a central file of all court records such as that kept by the Massachusetts Probation Commission should be inaugurated. Each juvenile court should record and file social as well as legal information regarding all cases.

It is further recommended that each locality organize a Committee for the Prevention of Delinquency, consisting not only of representatives of all social and religious organizations, but also of the recognized leaders of groups from which delinquency springs regardless of the social and economic status of these leaders.

In the final analysis delinquency can be prevented only through developing in the community those requisites of wholesome living described elsewhere in this bulletin—economic security, freedom from disease and defect, opportunity for self-expression in work, worship, recreation, and home life.

CONCLUSIONS

The preceding pages have shown the necessity for two lines of action. The first is a long time program of public welfare that seeks to prevent defectiveness, dependency and delinquency by building up a society of well integrated personalities. The second is immediate action for the correction of emergency problems. The two programs are not contradictory or mutually exclusive. They must be developed simultaneously. Both must be continuously revised. Neither will ever be realized for they will be constantly changed, to meet changing conditions.

LONG TIME PLANS

Legislators are sometimes discouraged by the fact that each enlargement of State appropriations for the care of the socially inadequate seems to demand still greater appropriations. It appears that treatment increases rather than decreases the number to be cared for. This is because increased knowledge of the essentials of wholesome childhood and increased facilities for treatment lead to more accurate diagnosis and a greater demand for care.

This condition must continue until all persons needing care are receiving it and until the sources of maladjustment have been eliminated. When preventive measures are in operation and facilities for treatment are ample, the number of persons to be cared for will decrease markedly.

It has been wisely stated that "Child welfare awaits upon general welfare." An effective program of child welfare must of necessity be built on foundations of social and economic security. Fundamental to normal and happy family life is security of income to provide for adequate food, clothing, shelter, education and recreation. A surplus as protection against the hazards of life such as sickness, unemployment and the decreasing productivity of old age is also essential. Social insurance which might be used broadly to include health and life insurance, workmen's compensation, accident insurance, unemployment insurance, old age pensions, maternity benefits and retirement annuities, would alleviate these problems. Economic well being depends also upon opportunity for satisfying employment and more adequate distribution of purchasing power. The larger aspects of social security are in turn safeguarded by preservation and wise use of natural resources, wise economic and social planning, and the prevention of war.

Sound health depends upon the enforcement of public health measures dealing with pure water and food supply, sanitation through insect control and proper sewage disposal, and the control of communicable disease through immunization and quarantine laws. The interest and co-operation of a well trained medical profession must be enlisted. Likewise, an enlightened public opinion that will demand a more equitable distribution of the benefits of medical knowledge and surgical skill must be cultivated. Though principles of prevention need continued emphasis, health promotion should be the challenge of the future.

Ideal social living means the promotion of congenial and co-operative social relationships and the prevention and alleviation of tensions arising within them. Social agencies and techniques must be developed for solving problems in the major fields of conflict: economic organization, race and class antagonisms, prejudices arising from religious affiliation or nationalism, and emotional tensions within home and family life.

Wholesome family life with its contributions of affection, encouragement and understanding should be strengthened. Where family discord and disorganization threaten its integrity these may be lessened in part through parental education, more adequate case work, and mental hygiene service through domestic relations courts, mental hygiene clinics, or family welfare agencies.

Two principles fundamental to a sound child welfare program suggest themselves. First, that it must be considered not only the privilege, but the right of childhood to have opportunity for wholesome development. This applies to rural children as well as to urban; to those living in shacks and tenements as well as those living in comfortable and luxurious homes; to the colored as well as to the white.

The second principle is that the child and not the existing social structure is of most concern. Social institutions—home, school, church, courts, and other governmental agencies have arisen to meet human needs. Their form and regulations have value only as they serve the needs of man—physical, social, moral and religious. As civilization changes these institutions inevitably must change. They must be re-valuated and revised constantly in order to serve their purposes. Institutions must be modified to meet the needs of new generations; rather than children forced into their structure. Regulations, laws, customs, and public opinion are useful in guiding the young and helping them to profit by the experiences of the past; but we must guard against the attitude that parental discipline, legal tech-

nicalities and social conventions must be preserved only because they have proved useful in the past.

IMMEDIATE NEEDS

The second approach to the problem of child welfare is the solution of immediate emergency needs. There are many situations needing correction. The following challenging statistics give a clue to some of them.

SOME STATISTICS REGARDING CHILDREN IN VIRGINIA¹

- 160 children are in county almshouses, district homes and the Richmond City Home.
- 14,526 native whites between the ages of 10 and 24 are illiterate. Of these, 3,524 are 10 to 14 years of age.
- 18,563 native colored between the ages of 10 and 24 are illiterate. Of these, 4,130 are 10 to 14 years of age.
- 55,760 young people between the ages of 7 and 15 inclusive are not attending school.
- 11,737 backward or retarded children should be provided with special class facilities.
- 3,400 feeble-minded children need institutional care and training.
- 1,584 children died last year of preventable contagious diseases.
- 1,418 school children are crippled.
- 46,790 children have defective vision.
- 9,805 children are deaf and hard of hearing.
- 90,326 children are underweight 10% or more.
- 1,500 boys and girls under 18 were detained in jails.
- 3,000 delinquents should have individual study and treatment.
- 15,000 young men—(10,000 rural and 5,000 urban) are leaving school each year and must find employment.
- 350,000 children are members of marginal or sub-marginal rural families.²

¹These groups are not mutually exclusive. For example, it is possible that the same child may be enumerated with the illiterate and again with the malnourished.

²Gross annual family income of less than \$600, with less than a sixth grade education, poor housing and other living conditions, and paying little or no taxes. Garnett, W. E., *Virginia's Marginal Rural Population: A State Challenge*. Virginia Agricultural Experiment Station, Mimeographed Report No. 2, 1933, p. 1.

The solution of these and other problems demands increased appropriations, additional legislation, better enforcement of existing legislation, additional personnel to carry out the program, and the inauguration of new services.

The Department of Public Welfare has shown that appropriations are needed for adequate institutional care and training for colored feeble-minded and epileptic children, and for the extension of care for all mentally defective children below the age of 10. More adequate grants for mothers' aid and for foster home care of dependent children should also be provided. The reports of the State industrial schools and of the Colony for Epileptic and Feeble-minded emphasize the lack of parole officers and case workers for investigation of children before admittance and supervision after release. Workers trained for psychiatric and mental hygiene services are also urgently needed.

Legislation in the State is in most cases adequate with the following exceptions: legal protection for the illegitimate child, protection of the agricultural child laborer and prohibition of child labor in industry under 16 and regulation up to 18.

The enforcement of existing legislation needs also to be stressed. Violations of the school attendance law are numerous. All children should be removed from jails, almshouses and district homes. Virginia has many other excellent statutes which if adequately enforced protect children:

Age of Consent Laws. Sec. 5090.

Restrictive Marriage Law. Sec. 5087 and 5088-b.

Licensing of Maternity Hospitals. Sec. 1930-a.

Licensing and Inspection of Children's Boarding Homes, Nurseries, and Child Placing Agencies. Sec. 1935.

Prohibition of Sale of Obscene Books. Sec. 4549.

Prohibition of Sale to Minors of Pistols and Tobacco. Sec. 4695.

Exclusion of minors from pool rooms. Sec. 4697.

Censorship of movie films. Sec. 378-b, 378-j.

Reporting and quarantine of venereal disease; examination of suspects. Sec. 1554.

Prohibition of sale to minors of intoxicating beverages. Sec. 4675 (82).

Reporting of neonatorum ophthalmia. Sec. 1554.

Contributory delinquency act. Sec. 1923.

The execution of any progressive program depends not only upon adequate funds and legislative enactment but also upon trained personnel and enlightened public opinion. There exists scarcely a social worker in Virginia who is not overworked, and yet who does not deplore the number of tasks left undone. Workers who have been imported from other states recognize that often they are unsuccessful because of their lack of understanding of the origins of the problems and of the psychology of the people of this State.

Therefore we recommend that young men of high intelligence and attractive personalities (as well as additional young women with these qualifications) enroll for professional training in Social Work to fill positions in the State as probation and parole officers, juvenile court judges and referees, social case workers and psychiatric case workers, research workers, recreation and club directors, and administrative officers and staff workers for institutions caring for defective, dependent and delinquent children.¹

Two new services are recommended. A Social Research Bureau might integrate the many pieces of research now being done in the State, direct the making of surveys and furnish information on specific topics. The second need is an extension of the advisory service that the State Children's Bureau has been forced to give on a small scale. This service should include information regarding social resources, the adjusting of facilities to meet the needs, suggesting ways in which duplication of effort might be eliminated, and in general integrating the child welfare activities of the State. These devices might be combined in a Bureau of Research and Consultation.

It will be seen that many of these needs should be met by the public, and all persons interested in child welfare should use their influence to secure through the legislature adequate appropriations for this purpose.

However, in many cases the local community should assume the responsibility. Private organization and institutions of which there are almost two hundred in Virginia will continue to care for an increasing number of cases. These agencies may in the future avoid unnecessary overhead and duplication of effort by limiting their intake to specific classes. This is a problem in social planning.

Social and civic organizations in Virginia are becoming constantly more social minded.² Members of clubs may render valuable service to the cause of child welfare by giving some attention to problems of prevention—sponsoring clinics of various kinds, dental, tuberculosis, venereal disease, mental hygiene, etc.; by creating public opinion

¹Young men and young women who hope to fill creditably these positions should plan after graduating from college for a four-year period of preparation—two years training in an accredited School for Social Work and two years apprenticeship in a recognized agency.

²Encouraging signs of an increasing interest in Virginia in problems of child welfare are the following:

Studies useful for background material in this and related fields have been published by the University of Virginia in its University of Virginia Record Extension Series, the semi-monthly News Letter of the School of Rural Social Economics, and the Institute for Research in the Social Sciences. Valuable bulletins dealing especially with problems of rural childhood have been published by Virginia Polytechnic Institute.

Several colleges and the University include in their curricula courses on Child Welfare: Farmville State Teachers College, Harrisonburg State Teachers College,

in favor of regular school attendance, the protection of the illegitimate child and the early treatment of juvenile delinquency; by making surveys and studies revealing local conditions; and especially by holding meetings discussing the present status of child care and means of better meeting the needs.

The individual citizen should be mindful of his responsibility in helping to assure each child the elements of a normal and wholesome childhood, with opportunity for proper development. Wholesome family life is of inestimable value in normal personality development. Though many functions which were formerly performed by the home have been taken over by school, church, playground, and shop, the interpretation and integration of these services for the benefit of the "whole child" remain one of its outstanding duties. The complexity of modern life demands that the home assume to a greater extent a service which may be called psychological or psychiatric.

The execution of an adequate child welfare program in Virginia depends upon an enlightened public opinion. Both public and private agencies can assist by the distribution of literature, by making surveys and studies of local situations, by study-group activities, by radio and newspaper publicity, and by lectures.

Aside from all humanitarian considerations, it is an economic necessity that the State of Virginia seriously and consistently give its attention to the prevention of social maladjustment.

School of Social Work and Public Health, Richmond Division College of William and Mary, Sweet Briar College, University of Virginia (Summer Session).

The Sociology Section of the Virginia Social Science Association adopted as a topic for research in 1934 Child Welfare in Virginia. The Virginia Conference of Social Work has launched an extensive program of study on problems of child welfare in preparation for its annual meeting in 1935.

The Virginia State Conference on Childhood and Youth was called by Governor John Garland Pollard and held in Richmond, November 23-24, 1931, as a follow-up of The White House Conference on Child Health and Protection called by President Hoover in 1930. Another Child Welfare Conference was sponsored by the Woman's Club, Richmond, January 11-12, 1933.

The Junior Leagues of four cities, Lynchburg, Norfolk, Richmond and Roanoke, have undertaken a survey of child dependency in the State.

Among other encouraging features might be mentioned the recommendations of the American Legion to assist "less chance boys," and to carry on an American Citizenship Program with the Boy Scouts of their communities. Many fraternal orders render valuable aid to children through educational funds and assistance to mothers.

Through the co-operation of the Virginia Emergency Relief Administration valuable work of special benefit to children has been undertaken in many communities, such as improvement of school grounds, the building of play-grounds and athletic fields. In many communities nurses have been provided, as well as teachers of music and art, and teachers of vocational subjects for adolescent groups.

APPENDIX

NATIONAL AND INTERNATIONAL ORGANIZATIONS INTERESTED IN CHILD WELFARE

- American Association for Labor Legislation, 131 East Twenty-third Street, New York City.
- American Association to Promote the Teaching of Speech to the Deaf. Volta Bureau. 1601 Thirty-fifth Street, N. W., Washington, D. C.
- American Association of School Physicians, State Education Building, Albany, New York.
- American Association of University Women, 1634 Eye Street, N. W., Washington, D. C.
- American Child Health Association, 532 Seventeenth Street, N. W., Washington, D. C. 370 Seventh Avenue, New York City.
- American Family Welfare Association, 130 East 22nd Street, New York City.
- American Federation of Labor, American Federation of Labor Building, Washington, D. C.
- American Foundation for Mental Hygiene, 450 Seventh Avenue, New York City.
- American Home Economics Association, 620 Mills Building, Washington, D. C.
- American Humane Association, 80 Howard Street, Albany, New York.
- American International Institute for the Protection of Childhood, Eduardo Acevedo, No. 1494, Montevideo, Uruguay.
- American National Red Cross, Seventeenth and D Streets, N. W., Washington, D. C.
- American Pediatric Society, 1805 Spruce Street, Philadelphia, Pennsylvania.
- American School Hygiene Association, 1101 Fulton Building, Pittsburgh, Pennsylvania.
- American Social Hygiene Association (Inc.), 370 Seventh Avenue, New York City.
- Association of Women in Public Health, 370 Seventh Avenue, New York City.

Big Brother and Big Sister Federation, 425 Fourth Avenue at 29th Street, New York City.

Boy Scouts, 2 Park Avenue, New York City.

Boys' Club Federation, 110 West Fortieth Street, New York City.

Bureau of Home Economics, United States Department of Agriculture, Washington, D. C.

Bureau of Indian Affairs, U. S. Department of Interior, Washington, D. C.

Camp Fire Girls, 41 Union Square, New York City.

Child Health Organization, 370 Seventh Avenue, New York City.

Child Study Association of America, 54 West 74th Street, New York City.

Child Welfare League of America, 130 East Twenty-second Street, New York City.

Children's Fund of Michigan, 52 Kirby Avenue, West, Detroit, Michigan.

Elizabeth McCormick Memorial Fund, 848 North Dearborn Street, Chicago, Illinois.

Eugenics Record Office, Cold Spring Harbor, New York.

Federal Board for Vocational Guidance, 200 New Jersey Avenue, Washington, D. C.

General Federation of Women's Clubs, Division of Child Welfare, 1734 N Street, N. W., Washington, D. C.

Girls' Protective Council, 138 East 19th Street, New York City.

Girl Scouts, 670 Lexington Avenue, New York City.

Girls' Service League of America, 138 East 19th Street, New York City.

Institute of Social and Religious Research, Room 1601, 230 Park Avenue, New York City.

Inter-City Conference on Illegitimacy, 520 Federal Reserve Bank Building, Cleveland, Ohio.

International Association of Police-Women, 630 Louisiana Avenue, Washington, D. C.

International Council for the Education of Exceptional Children, 485 Chesterfield Avenue, W., Ferndale, Michigan.

International Labor Office, Lenox Building, Washington, D. C.

International Society for Crippled Children, 800 Lorain County Bank Building, Elyria, Ohio.

League of Nations Child Welfare Committee, Geneva, Switzerland.

- National Child Health Council, 532 Seventeenth Street, N. W., Washington, D. C.
- National Child Labor Committee, 105 East Twenty-second Street, New York City.
- National Child Welfare Association (Inc.), 70 Fifth Avenue, New York City.
- National Committee for Mental Hygiene, 370 Seventh Avenue, New York City.
- National Committee for the Prevention of Blindness, 130 East Twenty-second Street, New York City.
- National Committee on Prisons and Prison Labor, 250 West 57th Street, New York City.
- National Conference of Commissioners on Uniform State Laws. Secretary, George G. Bogert, Dean, Cornell Law School, Ithaca, New York.
- National Conference of Juvenile Agencies, House of Refuge, Welfare Island, New York.
- National Conference of Social Work, 82 North High Street, Columbus, Ohio.
- National Congress of Mothers and Parent-Teacher Associations, 1201 Sixteenth Street, N. W., Washington, D. C.
- National Consumers' League, 44 East Twenty-third Street, New York City.
- National Education Association of the United States, 1201 Sixteenth Street, N. W., Washington, D. C.
- National Federation of Day Nurseries, 244 Madison Avenue, New York City.
- National Health Council, 370 Seventh Avenue, New York City.
- National League of Compulsory Education Officials, 133 East Grand River Avenue, Detroit, Michigan.
- National League of Women Voters, Child-Welfare Committee, 532 Seventeenth Street, N. W., Washington, D. C.
- National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.
- National Probation Association, 370 Seventh Avenue, New York City.
- National Research Council, Committee on Child Development, B and 21st Streets, Washington, D. C.
- National Tuberculosis Association, 370 Seventh Avenue, New York City.

National Women's Christian Temperance Union, Child-Welfare Department, 1730 Chicago Avenue, Evanston, Illinois.

Negro Rural School Fund, Anna T. Jeannes Foundation, Box 148, Charlottesville, Va.

Playground and Recreation Association of America, 1 Madison Avenue, New York City.

Progressive Education Association, 10 Jackson Place, Washington, D. C.

Rockefeller Foundation, 61 Broadway, New York City.

Russell Sage Foundation, 130 East Twenty-second Street, New York City.

Salvation Army, 120-130 West 14th Street, New York City.

U. S. Department of Agriculture, State Relations Service, Washington, D. C.

U. S. Department of the Interior, Bureau of Education, Washington, D. C.

U. S. Department of Justice, Division of Prisons, Washington, D. C.

U. S. Department of Labor, Children's Bureau, Washington, D. C.

U. S. Treasury Department, U. S. Public Health Service, Washington, D. C.

Volunteers of America, 34 West 28th Street, New York City.

SUGGESTED READING LIST ON CHILD WELFARE

GENERAL

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- International Handbook of Child Care and Protection*, Longmans and Weardale Press, London, 3rd ed., 1928, \$4.00.
- Mangold, George B., *Problems of Child Welfare*, Macmillan Co., New York, Revised Edition, 1926, \$3.00.
- President's Report of the Commission on *Recent Social Trends*, McGraw-Hill, New York, 1933, 541 p., \$5.00.
- Richmond, Mary Ellen, *What is Social Case Work?* Russell Sage Foundation, New York, 1922, 268 p., \$1.00.
- Russell Sage Foundation, *Social Work Year Book for 1933*, New York, 600 p., \$4.00.
- Thom, Douglas A., *Everyday Problems of the Everyday Child*, D. Appleton Co., New York, 1927, 350 p., \$2.50.
- U. S. Department of Labor, Children's Bureau, Washington, D. C. *Foster-Home Care for Dependent Children*, Bureau Publ. No. 136, 1929.
- Minimum Standards for Child Welfare*. Adopted by the Washington and Regional Conferences on Child Welfare, 1919. Bureau Publ. No. 62, 1920.
- Standards of Child Welfare*; a report of the Children's Bureau conferences, May and June, 1919. Bureau Publ. No. 60, 1919.
- The County as a Unit for an Organized Program of Child Caring and Protective Work*. Bureau Publ. No. 169, 1926. (and supplementary mimeographed material).

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